2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000061532

changed, or on an attachment with a

1. Entity Name

BROWN & KING TRAINING CONSULTANTS, INC.



FILED

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90519 042 ***150.00

Principal Place of Business Mailing Address TIUI/JUJ 151 SARATOGA BOULEVARD WEST 151 SARATOGA BOULEVARD WEST ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 04-3676962 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING-RUSSELL, LATANYA A Street Address (P.O. Box Number is Not Acceptable) 1447 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. rresident Addition TITLE Policies and ☐ Delete TITLE Change Susan Brown NAME NAME saratoga Blvd. West water through saysinge finds went STREET ADDRESS STREET ADDRESS Royal Palm Bch F1 33411 CITY-ST-7IP CITY-ST-ZIP Royal Buled in ☐ Delete Change View Problems Vice-President La Tanya King Russell 1447 Daim Ber Lakes Blod Landrens year The Long Landress Control of the Cont NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP les Gib. Di Pedos West Palm Bel, F1 33401 TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS .CITY_ST_ZIP__ CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SUSAN BROWN 4/23/03 571-632-874

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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R2E034 (10/02)