FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90158 043 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000111880

1. Entity Name
AMERICAN CPR CERTIFICATIONS, INC.

Principal Place of Business	Mailing Address
9441 EVERGREEN PLACE, #207 DAVIE, FL 33324	9441 EVERGREEN PLACE, #207 DAVIE, FL 33324

2. Principal Place of Business	3. Mailing Address
808 TIVOLI CIRCLE	808 TIVOLI CIRCLE
Suite, Apt. #, etc. #105	Suite, Apt. #, etc. #105
City & State DEERFIELD BEACH, FLORIDA	City & State DEERFIELD BEACH, FLORIDA
Zip 33441 Country USA	Zip 33441 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 57-1160559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, BRIAN
9441 EVERGREEN PLACE, #207
DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name WILLIAMS, BRIAN
Street Address (P.O. Box Number is Not Acceptable)
808 TIVOLI CIRCLE #105
City DEERFIELD BEACH FL Zip Code 33441

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] BRIAN WILLIAMS 4-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	WILLIAMS, BRIAN		NAME	WILLIAMS, BRIAN	
STREET ADDRESS	9441 EVERGREEN PLACE, #207		STREET ADDRESS	808 TIVOLI CIRCLE, #105	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BRIAN WILLIAMS 4/24/03 754-367-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #