


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000118875

1. Entity Name
VIRTUAL LEARNING CENTER, INC.



Principal Place of Business Mailing Address
6421 CONGRESS AVE STE 201 **6421 CONGRESS AVE STE 201**
BOCA RATON, FL 33487 **BOCA RATON, FL 33487**

2. Principal Place of Business 3. Mailing Address
1515 North Federal Hwy. **1515 North Federal Hwy.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
300 **Suite 300**
 City & State City & State
Boca Raton, FL **Boca Raton, FL**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
76-0724497 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHULZ, SUSAN F
2831 NW 23 COURT
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 Susan F Schulz DATE 2/14/03

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent's signature required when withdrawing)

FILE NOW!!! FEE IS \$60.00
 After May 1, 2003 Fee will be \$65.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	D ST LOUIS, STEPHEN B 143 MAIN ST EAST HAMILTON ONTARIO, CA L8N1GA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILICE, PAT 143 MAIN ST EAST HAMILTON ONTARIO, CA L8N1GA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDFORD, BILL 143 MAIN ST EAST HAMILTON ONTARIO, CA L8N1GA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: P. Filice Pat Filice DATE: FEB. 13, 2003 (905) 621-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)