2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90635 007 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P22906

1. Entity Name
PRAXIS RESEARCH AND TRAINING INSTITUTE, INC.

Principal Place of Business	Mailing Address
1431 S.W. 9TH AVENUE DEERFIELD BEACH FL 33441	3105 W. SCENIC DR. DANIELSVILLE PA 18038

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0022459 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLE, STEPHANIE 701 E. CAMINO REAL #7A BOCA RATON FL 33432	Name: Brady & Brady PA Street Address (P.O. Box Number Is Not Acceptable): 370 N. Camino Gardens Blvd Suite 200 C City: Boca Raton FL Zip Code: 33432

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.

SIGNATURE Frank R. Brady, president 4-26-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB SPEAR 1431 SW 9TH AVE DEERFIELD BEACH FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, STEPHANIE 3105 W SCENIC DRIVE DANIELSVILE PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 617, 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: Stephanie M. Cole Stephanie M. Cole Director 4/26/01 6108376283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Stephanie M. Cole Director 4/27/01