2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

C/O ROBERT E. CARLIN SR.

PALM BEACH GARDENS FL 33418

152 THORNTON DRIVE

DOCUMENT # **P94000043450**

1. Entity Name

Principal Place of Business

152 THORNTON DRIVE

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

C/O ROBERT E. CARLIN SR.

PALM BEACH GARDENS FL 33418

2. Principal Place of Business

CARLIN, ROBERT E SR

152 THORNTON DRIVE

PALM BEACH GARDENS FL 33418

DR. P. DUDLEY LE BLANC/YENTZ WESTERN UNIVERSITY, INC.

6. Name and Address of Current Registered Agent



01-09-2003 9

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90109 030 ***158.75

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☐ CHECK HERE IF MAKING CHA	NGES		
. FEI Number 65-0506651	Applied For		
00-000001	Not Applicable		
	75 Additional Required		
Name and Address of New Registered Agent			
Box Number is Not Acceptable)			
-	<u> </u>		

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.

Country

Name

City

Street Address (P.O.

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

5

7.

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC CARLIN, ROBERT E SR. 152 THORNTON DRIVE PALM BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOTT, JOHN B. STREYBURN CT IRMO SC 29063	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice	PAGSIDEN	- -	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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Ax. 76-0.

Daytime Phone #

CR2E034 (