

FILED

03 MAY -5 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000026457					
1. Entity Name EMERGENCY EDUCATIONAL CONSULTANTS OF SOUTH FLORIDA, INC.					
Principal Place of Business 7667 W SAMPLE RD #294 CORAL SPRINGS, FL 33065 US			Mailing Address 7667 W SAMPLE RD #294 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Name and Address of Current Registered Agent BOARD, TODD 7667 W SAMPLE RD #294 CORAL SPRINGS, FL 33065			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 <i>Todd Board</i> Signature, typed or printed name of registered agent and title if applicable			DATE <i>4/30/03</i> DATE		
FILE NOW WITH FEE IS \$150.00 TOTAL MAY 2003 FEE WILL BE \$250.00 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	☐ Change	☐ Addition
NAME	BOARD, TODD		NAME		
STREET ADDRESS	7667 W SAMPLE RD #294		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BOARD, JACQUELINE		NAME		
STREET ADDRESS	7667 W SAMPLE RD #294		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		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		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Todd Board</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <i>4/30/03</i> Date Daytime Phone # <i>954-756869</i>		

☐ CHECK HERE IF MAKING CHANGES4. FEI Number **65-0588871** Applied For ☐ Not Applicable ☐8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2034 (10/02)

450.

7/1/03