FILED

Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90058 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000029119 **DOCUMENT#**

1. Entity Name

CENTRAL FLORIDA CAREER INSTITUTE, INC.

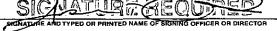
			WI THE			
Principal Place of Business 230 N WOODLAND BLVD STE-310		Mailing Address 230 N WOODLAND BLVD STE-310		UUUUWAI		
DELAND FL 32720		DELAND FL 32720				
2. Principal Place of Business		3. Mailing Address	 -			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0675930	Applied For Not Applicable	
Zip	Country	Zip	Country	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	
-			Name			
	Joseph T Dr Dodland BLVD	٠٠ ٠٠٠ . .	Street Address	(P.O. Box Number is Not Acceptable)		
STE-310			1			
DELAND	FL 32720		City	·FL	Zip Code	
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am I	amiliar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00					
_	May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be	
	Payable to Florida Department o	f State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	PD	□ Delete	TITLE	7,001,010,010,010	☐ Change ☐ Addition	
NAME	ANGLEY, JOSEPH T	U Delete	NAME			
STREET ADDRESS	108 JAMES POND COURT		STREET ADDRESS			
CITY-ST-ZIP	DEBARY FL 32713	,	CITY-ST-ZIP	•		
TITLE	VD .	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	ANGLEY, ELIZABETH		NAME		'	
STREET ADDRESS	108 JAMES POND COURT		STREET ADDRESS			
CITY-ST-ZIP	DEBARY FL 32713		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	CEIEC, STEPHEN	·	NAME			
STREET ADDRESS	452 TIGER HAMMOCK RD		STREET ADDRESS		}	
CITY-ST-ZIP	.CRAWFORDVILLE FL 32327-	A second of the	_CITY-ST-ZIP	The second secon		
TITLE	D EULIANO, CAROLYN	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
NAME STREET ADDRESS	4976 COURTLAND LOOP	•	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP			
	THE STREET OF THE COLUMN	Delete	TITLE		☐ Change ☐ Addition	
TITLE NAME		E Delete	NAME		C) Change C Addition	
STREET ADDRESS			STREET ADDRESS		1	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		□ Delete	TITLE		☐ Change ☐ Addition	
NAME		_ 00,0,0	NAME			
STREET ADDRESS			STREET ADDRESS		j	

12. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



WEPH T. ANGLEY