

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000010243 (8)
 1. Entity Name
 JRB COMPUTER TRAINING SERVICES, INC

Principal Place of Business
 10073 NW 16th Street
 Coral Springs, FL 33071

Mailing Address
 10073 NW 16th Street
 Coral Springs, FL 33071

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

65-0730720

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLATT, JAYNE R
 10073 NW 16th STREET
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name

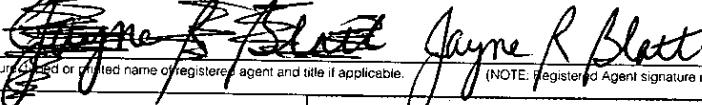
Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE 

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

(NOTE: Registered Agent signature required when reinstating)

DATE 

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME BLATT, JAYNE R
 STREET ADDRESS 10073 NW 16th STREET
 CITY-ST-ZIP CORAL SPRINGS, FL 33071

Delete

Change

Addition

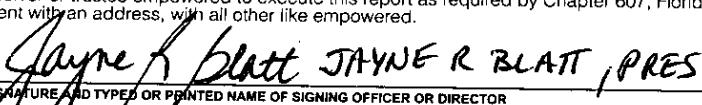
TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

Change

Addition

13. 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 11 or Block 12 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 DIRECTOR

4/18/02 954 752-5251
 Daytime Phone #

CR2E034 (11/00)