

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90129 035 \*\*\*150.00

2/5/0

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P97000072920**

1. Entity Name  
**B.C.E. INSTITUTE, INC.**

Principal Place of Business      Mailing Address  
**3501 13TH STREET      3501 13TH STREET**  
**ST. CLOUD FL 34789      ST. CLOUD FL 34789**

2. Principal Place of Business      3. Mailing Address  
**3500 Vinning Ct.      P.O. Box 470475**  
Suits, Apt. #, etc.      Suits, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**KISSIMMEE FL 34741      KISSIMMEE FL      59-3474573      Not Applicable**

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

6. Name and Address of Current Registered Agent  
**KORTHUIS, J.**  
**3501 13TH STREET**  
**ST. CLOUD FL 34789**

7. Name and Address of New Registered Agent  
Name: **KORTHUIS J.**  
Street Address (P.O. Box Number is Not Acceptable):  
**3500 Vinning Ct.**  
**(KISSIMMEE FLORIDA)**  
City: **KISSIMMEE FL** Zip Code: **FL 34741**

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.

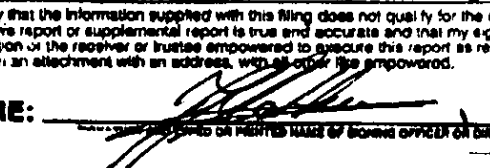
SIGNATURE:       31 Jan. 2001  
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.       **FILE NOW! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$350.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>KORTHUIS, J.</b> <b>3501 13TH STREET</b> <b>ST. CLOUD FL 34789</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KORTHUIS J.</b> <b>3500 Vinning Ct.</b> <b>34741 FL. KISSIMMEE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 prepare 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 fee empowered.

SIGNATURE:       28 Feb. 2001  
Signature typed or printed name of Board Officer or Director      Date      Daytime Phone #

CFR2004 (10/00)