

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000081879

FILED
Apr 30, 2003
Secretary of State

Entity Name: INSURANCE & SECURITIES TRAINING CENTER, INC.

Current Principal Place of Business:

851 E 434 STE. 120
LONGWOOD, FL 32750

New Principal Place of Business:

460 N RONALD REAGAN BLVD
124
LONGWOOD, FL 32750

Current Mailing Address:

851 E 434 STE. 120
LONGWOOD, FL 32750

New Mailing Address:

460 N RONALD REAGAN BLVD
124
LONGWOOD, FL 32750

FEI Number: 59-3534245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWAN, INGRID R
851 E. 434 STE 120
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

SCHWAN, INGRID I
460 N RONALD REAGAN BLVD
124
LONGWOOD, FL 32750 US

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: INGRID SCHWAN

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHWAN, INGRID
Address: 851 EAST S.R. 434 #120
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHWAN, INGRID
Address: 460 N RONALD REAGAN BLVD #124
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGRID SCHWAN

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date