## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000056524

Entity Name: IT INSTITUTE, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

12021 OLD ST AUGUSTINE RD, SUITE 200 ONE WEST ADAMS STREET JACKSONVILLE, FL 32258 SECOND FLOOR

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

12021 OLD ST AUGUSTINE RD, SUITE 200 JACKSONVILLE, FL 32258

111 EAST TUGALO STREET SUITE 111 TOCCOA, GA 30577 US

FEI Number: 59-3589814 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: YOUNGBLOOD, GENE YOUNGBLOOD, GENE

Address: 116 OAK CREEK CIR. Address: 111 EAST TUGALO ST., SUITE 111

City-St-Zip: TOCCOA, GA 30577 City-St-Zip: TOCCOA, GA 30577 US

Title: ( ) Delete Title: SD ( ) Change (X) Addition

Name: YOUNGBLOOD, LABETH

Address: Address: 111 EAST TUGALO ST., SUITE 111

City-St-Zip: City-St-Zip: TOCCOA, GA 30577 US

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: GENE YOUNGBLOOD PD 04/29/2002