NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91529 022 ****61.25

DOCUMENT # N01000002788

1. Entity Name
TRAINING RESOURCES AND COMPUTER SKILLS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
119-D Plantation Ct. E.	119 Plantation Ct. East
Suite, Apt. #, etc.: Ste. D	Suite, Apt. #, etc.: Ste. D
City & State: Tampa	City & State: Tampa
Zip: 33617 Country: United States	Zip: 33617 Country: United States

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1099825 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Pamela F. Gibson
Street Address (P.O. Box Number is Not Acceptable): 119 Plantation Ct. East Ste. D
City: Tampa FL Zip Code: 33617

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

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Pamela F. Gibson 119-D Plantation Ct. East Tampa, FL 33617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Andre Trotter 119-D Plantation Ct. East Tampa FL 33617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kevin Harris 119-D Plantation Ct. East Tampa FL 33617
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CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela F. Gibson 4/15/02 (813) 989 1543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #