


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 10, 2003 8:00 am  
Secretary of State

02-10-2003 90172 044 \*\*\*150.00

**DOCUMENT # P02000025394**

1. Entity Name  
**RADLEY COMPUTER TRAINING CENTER, INC.**



Principal Place of Business  
**1486 KIMBERLY TERRACE SW  
FT. MYERS FL 33919**

Mailing Address  
**1486 KIMBERLY TERRACE SW  
FT. MYERS FL 33919**



2. Principal Place of Business  
**7050 WINKLER ROAD  
Unit 119  
FORT MYERS FL**

3. Mailing Address  
**7050 WINKLER ROAD  
Unit 119  
FORT MYERS FL**

City & State  
**Fort Myers FL**

City & State  
**Fort Myers FL**

Zip  
**33919**

Country  
**USA**

Zip  
**33919**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**02-0557633**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RADLEY, MICHAEL  
1486 KIMBERLY TERRACE SW  
FT. MYERS FL 33919**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RADLEY, MICHAEL</b>	
STREET ADDRESS	<b>1486 KIMBERLY TERRACE SW</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RADLEY, MICHAEL G.</b>	
STREET ADDRESS	<b>1486 Kimberly Terrace S.W</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 33919</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RADLEY, MELVING</b>	
STREET ADDRESS	<b>1486 Kimberly Terrace SW</b>	
CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>	
TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RADLEY, ELIZABETH A.</b>	
STREET ADDRESS	<b>1486 Kimberly Terrace S.W.</b>	
CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Radley **MICHAEL RADLEY** 02/07/03 415-3755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)