

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098963

1. Entity Name

BUSINESS & INDUSTRY TRAINING SERVICES, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90168 008 ***150.00

Principal Place of Business

898 HWY. 98 E.
SUITE 110
DESTIN FL 32541
US

Mailing Address

898 HWY. 98 E.
SUITE 110
DESTIN FL 32541
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ASHER, BETTY T

~~85 INDIGO LOOP S~~
DESTIN FL 32541

740 Indigo Loop N.
32550

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

740 Indigo Loop N.

8. The above named entity submits this statement for the purpose of changing its

SIGNATURE

Betty Asher

Signature, typed or printed name of registered agent and title if applicable. (NOT)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!
After MAY 1, 2001
Make Check Payable

I asked you to
change this
last year &
it didn't get
changed. Please
do so.

FL Zip Code
32550
in the State of Florida.

DATE

tion Campaign Financing
Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ASHER, BETTY T**
STREET ADDRESS ~~85 INDIGO LOOP S~~
CITY-ST-ZIP **DESTIN FL 32541**

NAME **Asher, Betty T**
STREET ADDRESS **740 Indigo Loop N.**
CITY-ST-ZIP **Destin, FL 32550**

TITLE **V** ☐ Delete
NAME **MADSEN, PAMELA G**
STREET ADDRESS **225 WEKIVA COVE**
CITY-ST-ZIP **DESTIN FL 32541**

☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 execute 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 like empowered.

SIGNATURE:

Pamela Madsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 850-650-2277

Date

Daytime Phone #

CR2E034 (10/00)