

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90965 013 ***150.00

DOCUMENT # P99000093088

1. Entity Name

CERTIFIED TECH TRAINERS, INC.



Principal Place of Business

**1497 MAIN STREET
SUITE 181
DUNEDIN FL 34698**

Mailing Address

**1497 MAIN STREET
SUITE 181
DUNEDIN FL 34698**

2. Principal Place of Business

1497 Main Street

Suite, Apt. #, etc.

Suite 181

City & State

Dunedin, FL

Zip

34698

Country

U.S.A.

3. Mailing Address

1497 main Street

Suite, Apt. #, etc.

Suite 181

City & State

Dunedin, FL

Zip

34698

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3607521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, STEVEN W
8200 BRYAN DIARY RD
SUITE 300
LARGO FL 33777**

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 ☐ Delete
NAME **D**
STREET ADDRESS **KEELE, ALLEN V**
CITY-ST-ZIP **777 TERRACE ROAD
DUNEDIN FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/2003
Date

727-736-4427
Daytime Phone #

CR2E034 (10/02)