

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90459 030 \*\*\*150.00

**DOCUMENT # P99000030774**

1. Entity Name

**CBD TRAINING, INC.**

Principal Place of Business

Mailing Address

**1948 KANSAS AVE., N.E.  
 ST. PETERSBURG FL 33703**

**1948 KANSAS AVE., N.E.  
 ST. PETERSBURG FL 33703-3430**

DUUDT000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-356-8942**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, CAROL B  
 1948 KANSAS AVE., N.E.  
 ST. PETERSBURG FL 33703**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DAVIS, CAROL B**  
 CITY-ST-ZIP **1948 KANSAS AVE., N.E.  
 ST. PETERSBURG FL 33703**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DAVIS, PERRY**  
 CITY-ST-ZIP **1948 KANSAS AVE., N.E.  
 ST. PETERSBURG FL 33703**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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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: **CAROL DAVIS RE Carol B. Davis**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 3, 2000 727-527-8558**  
 Date Daytime Phone #



1948 Kansas Ave. NE  
St. Petersburg, FL 33703  
(727) 527-8558  
(727) 522-3047 Fax

Attachment  
#09900003074  
00067838

July 3, 2000

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Subject: Uniform Business Report

Dear Sir or Madam:

CBD Training is a small woman-owned corporation, established in April 1999. Until recently the corporation was inactive, having no revenue and a doubtful future. Following the award of a Government contract last week, we now have a viable business. When we first consulted a CPA regarding corporate accounting, we were informed that we are overdue in filing a Uniform Business Report for 2000.

Although ignorance is our only excuse for lateness, we ask your understanding and a waiver of penalty for late filing. I assure you that we will be timely in filing future reports.

Sincerely,

*Carol B. Davis*

Carol B. Davis  
Owner  
CBD Training, Inc.