FILED

2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the received

SIGNATURE:

Jan 16, 2002 8:00 am Secretary of State DOCUMENT # M76588 1. Entity Name GENERAL TRAINING INTERNATIONAL, INC. 01-16-2002 90003 032 ***150.00 Principal Place of Business Mailing Address 9604 CORTEZ ROAD WEST P.O. BOX 15045 224 **BRADENTON FL 34280-5045 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0042953 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONOVAN, BARBARA Street Address (P.O. Box Number is Not Acceptable) 9604 CORTEZ RD WEST UNIT 221 **BRADENTON FL 34210** City 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) 9. This corporation is eligible to satisfy its Intangible, FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 PDV TITLE ☐ Delete TITLE Change Addition STALLSMITH, DENNIS G. NAME NAME STREET ADORESS 9604 CORTEZ RD WEST UNIT 221 STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME DONOVAN, BARBARA NAME STREET ADDRESS 9604 CORTEZ RD WEST UNIT 221 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP Delete TITLE TITLE .01 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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