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FILED
May 01, 2002 8:00 am
Secretary of State
04-02-2002 90081 041 ****70.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000[illegible]

26711

1. Entity Name

PROFESSIONAL TRAINING ASSOCIATION CORPORATION

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
2626 B LAKE DRIVE Suite, Apt. #, etc.	8568 NW 28TH COURT Suite, Apt. #, etc.	65-105 3847 ☐ Applied For ☐ Not Applicable
City & State: SINGER ISLAND	City & State: CORAL SPRINGS	
Zip: 33404 Country: Palm Beach	Zip: 33065 Country: BROWARD	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MITCHELL E WALLICK

Street Address (P.O. Box Number is Not Acceptable): 8568 NORTHWEST 28TH COURT

City: CORAL SPRINGS FL Zip Code: 33065

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] 2/20/02

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE: D NAME: STREET ADDRESS: CITY-ST-ZIP:	PRESIDENT MITCHELL E WALLICK 8568 NW 28TH COURT CORAL SPRINGS FL 33065	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: STREET ADDRESS: CITY-ST-ZIP:	SECRETARY AIMEE E WALLICK 8568 NW 28TH COURT CORAL SPRINGS FL 33065	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: STREET ADDRESS: CITY-ST-ZIP:	SARENE WALLICK 8568 NW 28TH COURT CORAL SPRINGS FL 33065	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	DO NOT WRITE IN THIS SPACE
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CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/20/02 (561) 994-0866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MITCHELL E WALLICK
PRESIDENT