

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000083834

Entity Name: SANDERS ELITE TRAINING PERFORMANCE, INC.

Current Principal Place of Business:

11339 DISTRIBUTION AVE E
JACKSONVILLE, FL 32256

Current Mailing Address:

7801 TOWER RIDGE CT
JACKSONVILLE, FL 32250 US

FEI Number: 46-1123456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, JERRIAN R
7801 TOWER RIDGE CT
JACKSONVILLE, FL 32216 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SANDERS, JERRIAN R
Address 7801 TOWER RIDGE CT
City-State-Zip: JACKSONVILLE FL 32216

Title CEO
Name SANDERS, JERRIAN R
Address 7801 TOWER RIDGE CT
City-State-Zip: JACKSONVILLE FL 32216

Title COO
Name WILSON, BYRON E
Address 860 BRIARCREEK RD.
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name WILSON, BYRON E
Address 860 BRIARCREEK RD.
City-State-Zip: JACKSONVILLE FL 32225

Title TREA
Name WILSON, KIMBERLY D
Address 860 BRIARCREEK RD.
City-State-Zip: JACKSONVILLE FL 32225

Title EXECUTIVE SECRETARY
Name WILSON, KIMBERLY D
Address 860 BRIARCREEK RD.
City-State-Zip: JACKSONVILLE FL 32225

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BYRON WILSON

VP

01/23/2017

Electronic Signature of Signing Officer/Director Detail

Date