

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90083 029 \*\*\*150.00

**DOCUMENT # F02000000826**



1. Entity Name  
**ASSOCIATED TRAINING SERVICES, CORP.**

Principal Place of Business  
**5825 S. DALE MABRY DR.  
TAMPA FL 33706**

Mailing Address  
**5825 S. DALE MABRY DR.  
TAMPA FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1869779**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**KLABACKA, MARK  
5825 S. DALE MABRY DR.  
TAMPA FL 33706**

## 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 *Mark Klabacka*  
Signature, typed or printed name of registered agent and title if applicable.

*1-24-03*

(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	PD	<input type="checkbox"/> Delete
NAME	<b>KLABACKA, MARK</b>	
STREET ADDRESS	<b>650 SCHILLER ST.</b>	
CITY-ST-ZIP	<b>SUN PRAIRIE WI</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>KLABACKA, JOHN</b>	
STREET ADDRESS	<b>7190 ELDER LANE</b>	
CITY-ST-ZIP	<b>SUN PRAIRIE WI</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>KLABACKA, JERRY</b>	
STREET ADDRESS	<b>7190 ELDER LANE</b>	
CITY-ST-ZIP	<b>SUN PRAIRIE WI</b>	
TITLE	CD	<input type="checkbox"/> Delete
NAME	<b>KLABACKA, LUCILLE</b>	
STREET ADDRESS	<b>2227 MARLBORO DR.</b>	
CITY-ST-ZIP	<b>HENDERSON NV</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARK KLABACKA</b>	
STREET ADDRESS	<b>151 E. MADEIRA AVE.</b>	
CITY-ST-ZIP	<b>MADEIRA BEACH FL 33708</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Mark Klabacka*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-24-03 (83)832-3610*  
Date Daytime Phone #

CR2E034 (10/02)