

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90037 003 ***150.00

DOCUMENT # F30329

1. Entity Name

**SKILLS, TRAINING, ANALYSIS, RESEARCH CONSULTANTS
, INC.**

Principal Place of Business

**761 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**761 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

711 Ballard Street
Suite, Apt. #, etc.

3. Mailing Address

711 Ballard Street
Suite, Apt. #, etc.

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32701

Country

Zip

32701

Country

4. FEI Number

59-2888649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHARI, TITUS
761 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name **Shari Titus**
Street Address (P.O. Box Number is Not Acceptable)
711 Ballard Street
City **Altamonte Springs FL** Zip Code **32701**

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, 2002 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

TITLE **P** ☐ Delete
NAME **TITUS, SHARON**
STREET ADDRESS **1525 WILBUR CIRCLE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VP** ☐ Delete
NAME **SMITH, DEBORAH**
STREET ADDRESS **1525 WILBUR CIR**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 407 339-7451

CR2E034 (9/01)