

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90168 009 ***150.00

DOCUMENT # **FA7000004609**
1. Entity Name
ABBOTTSFIELD INDUSTRIAL TRAINING INC.

DO NOT WRITE IN THIS SPACE

973592

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10157 SW BARBUR BLVD, #200-C		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORTLAND OREGON		City & State	
Zip 97219	Country	Zip	Country
4. FEI Number 91-1459332		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name DINWIDDIE, SHARON	
Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVE.	
City PANAMA CITY	FL Zip Code 32401

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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PETER ILICA PMB 411 3 MONROE PKWY, #P LAKE OSWEGO OR 97035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER LILIANA ILICA PMB 411 3 MONROE PKWY, #P LAKE OSWEGO OR 97035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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 on an attachment with an address, with all other like empowered

SIGNATURE:  **LILIANA ILICA** 8-5-02 503-244-0183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

2001 UNIFORM BUSINESS REPORT (UBR)

060572Z

DOCUMENT # F97000004608

1. Entity Name
ABBOTTSFIELD INDUSTRIAL TRAINING, INC.

Attachment

973597



DO NOT WRITE IN THIS SPACE

5830

Principal Place of Business
10157 SW BARBUR BLVD. STE 200-C
PORTLAND OR 97219

Mailing Address
10157 SW BARBUR BLVD. STE 200-C
PORTLAND OR 97219

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **91-1459332** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DINWIDDIE, SHARON
221 MCKENZIE AVE
PANAMA CITY FL 32401

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.

SIGNATURE _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CPD LEANN PETER 3 MONROE PKWY PMB 411 LAKE OSWEGO OR 97035-8875	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ILICA, LILIANA 3 MONROE PKWY PMB 411 LAKE OSWEGO OR 97035-8875	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ILICA, PETER PMB411 3 MONROE PKWY, # P LAKE OSWEGO OR 97035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER ILICA, LILIANA PMB 411 3 MONROE PKWY, # P L.O. OR 97035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: LILIANA ILICA 501-02-01 5032440183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment

ABBOTSFIELD INDUSTRIAL TRAINING, INC.

10157 S.W. BARBUR BLVD., SUITE 200-C
PORTLAND, OR 97219-5910

WELLS FARGO BANK
PORTLAND, OR 97201
24-680-1230

F97000004608 6414

912581 6414

PAY One Hundred Fifty

00/100

DATE
1/29/01

AMOUNT
\$*****150.00

TO THE
ORDER
OF FL Department Of State
P. O. Box 1500
Tallahassee, FL 32302-1500

J. W.

⑈006414⑈ ⑆123006800⑆0088492996⑈

Abbottfield
INDUSTRIAL TRAINING, INC.

Attachment
973597

F97000004608 Suite 200 C, 10157 S.W. Barbur Boulevard
Portland, Oregon 97219-5910

Phone: (503) 244-0183
FAX: (503) 244-0324

Florida Department of State
U.B.R. Filings
P.O. Box 1500
Tallahassee FL 32302-1500

To Whom It May Concern:

Re: 2002 UBR Filing

Please find enclosed check # 7835 for \$150.00.
I called recently your office, and I asked
for this form to be mailed to us, as
I did not receive this form for 2002.

Please look at the attached copies of last
years' payment. We pay on time our
bills. I am asking that you would
consider my plea to pay the regular
fee of \$150.00, as I did not receive
any of your office mailings.

Thank you for your consideration.
Please contact me for additional
information. Sincerely,

Mike

Attachment