

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90410 048 \*\*\*150.00

**DOCUMENT # F97000005735****1. Entity Name**  
**SULLIVAN & COGLIANO TRAINING CENTERS, INC.****Principal Place of Business****7700 NORTH KENDALL DR.**  
**MIAMI FL 33156-2525****Mailing Address****7700 NORTH KENDALL DR.**  
**MIAMI FL 33156-2525****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number** **04-3196474**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****RODRIGUEZ, NANCY**  
**7700 NORTH KENDALL DR.**  
**MIAMI FL 33156-2525****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**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **PDC** ☐ Delete  
**NAME** **COGLIANO, HERBERT S**  
**STREET ADDRESS** **12 ALCORN CROSSING**  
**CITY-ST-ZIP** **WESTFORD MA 01886****TITLE** **VTD** ☐ Delete  
**NAME** **COGLIANO, JOHN M**  
**STREET ADDRESS** **9 ISLAND PATH**  
**CITY-ST-ZIP** **WESTFORD MA 01886****TITLE** **D** ☐ Delete  
**NAME** **COGLIANO, JOHN JR**  
**STREET ADDRESS** **9 ISLAND PATH**  
**CITY-ST-ZIP** **WESTFORD MA 01886****TITLE** **SD** ☐ Delete  
**NAME** **COGLIANO, JAMES J**  
**STREET ADDRESS** **9 ISLAND PATH**  
**CITY-ST-ZIP** **WESTFORD MA 01886****TITLE** **D** ☐ Delete  
**NAME** **AUDREY A COGLIANO**  
**STREET ADDRESS** **9 ISLAND PATH**  
**CITY-ST-ZIP** **WESTFORD MA 01886****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  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☒ Change ☐ Addition  
**NAME** **11 Preservation Way**  
**STREET ADDRESS** **Westford, MA 01886**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**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 Block 12 if changed, or on an attachment, with an address, with all other like empowered.****SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-29-02**

CR2E034 (9/01)