## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🔏

## Feb 20, 2002 8:00 am DOCUMENT # G92612 Secretary of State 1. Entity Name 02-20-2002 90116 022 \*\*\*158 TRAINING & TECHNICAL SERVICES, INC. Mailing Address Principal Place of Business PO BOX 280 8012 N. WILEY POST WAY HOLDER FL 34445 HERNANDO FL 34442-2111 US 3. Mailing Address Principal Place of Business 6092 N. Blue Teal Point 6092 N. Blue Teal DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 58-1566949 Not Applicable ernando H ernando \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7.\_Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HETTERICH, RAYMOND J. Street Address (P.O. Box Number is Not Acceptable) 5505 38TH AVENUE, NORTH ST. PETERSBURG FL 33710 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE STURYT, Richard N. Pt. NAMÉ NAME STUART, RICHARD N. STREET ADDRESS STREET ADDRESS 8012 N. WILEY POST WAY CITY-ST-ZIP Hermando, FL 34442-2234 CITY-ST-ZIP HERNANDO FL Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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