

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90168 019 ***150.00

DOCUMENT # J49683

1. Entity Name

Florida Training Center, Inc.

656582

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

310 Melody Lane

Suite, Apt. #, etc.

P.O. Box 180127

City & State

Casselberry, FL

Zip

32707

Country

US

3. Mailing Address

P.O. Box 180127

Suite, Apt. #, etc.

City & State

Casselberry, FL

Zip

32718

Country

US

4. FEI Number

59-2754874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Worswick, Ronald J.

Street Address (P.O. Box Number is Not Acceptable)

1212 N. Park Avenue

City

Winter Park

FL

Zip Code

32790

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Ronald J. Worswick
STREET ADDRESS	1212 N. Park Avenue
CITY-ST-ZIP	Winter Park, FL 32790
TITLE	V/D
NAME	Douglas J. Worswick
STREET ADDRESS	1625 Golfside Drive
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	V/D
NAME	Dennis E. Worswick
STREET ADDRESS	1881 Blue Ridge Road
CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D
NAME	Delores M. Worswick
STREET ADDRESS	1212 N. Park Avenue
CITY-ST-ZIP	Winter Park, FL 32790
TITLE	S/T
NAME	Connie B. Gahnz
STREET ADDRESS	1025 Pine Shadow Drive
CITY-ST-ZIP	Apopka, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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:

Connie B. Gahnz

Connie B. Gahnz

4/23/02

(407)331-6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #