

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90127 020 ***550.00

0112374 AV

DOCUMENT # J98802

1. Entity Name

ADVANTAGE CAREER TRAINING, INC.



Principal Place of Business

**6641 MADISON ST
NEW PORT RICHEY FL 34652
US**

Mailing Address

**6641 MADISON ST
NEW PORT RICHEY FL 34652
US**

2. Principal Place of Business

261 U.S. 27 N

3. Mailing Address

261 US 27 N

Suite, Apt. #, etc.

SGB

Suite, Apt. #, etc.

City & State

SEBRING FL

City & State

SEBRING FL

Zip

33870

Country

HIGHLANDS

Zip

33870

Country

HIGHLANDS

4. FEI Number

59-2857840

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMPSEY, DAVID W

6641 MADISON ST

NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

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

261 US 27 N

City

SEBRING FL

FL

Zip Code

33870

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTC** ☐ Delete
NAME **DEMPSEY, DAVID W.**
STREET ADDRESS **6641 MADISON STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTC** ☒ Change ☐ Addition
NAME **DEMPSEY, DAVID W**
STREET ADDRESS **261 US 27 N**
CITY-ST-ZIP **SEBRING, FL 33870**

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

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

12. 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 10 or Block 11 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

9-1-03

863 382 2816

Date

Daytime Phone #

CR2E034 (4/03)