

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90035 031 \*\*\*\*55.00

DOCUMENT # L02000031866

1. Entity Name

Volei-Tech Training Systems, LLC

**DO NOT WRITE IN THIS SPACE**

20023517

2. Principal Place of Business  
42 Hastings Lane

Suite, Apt. #, etc.

3. Mailing Address  
42 Hastings Lane

Suite, Apt. #, etc.

City & State  
Boynton Beach, Florida

City & State  
Boynton Beach, Florida

4. FEI Number  
51-0436711

Applied For  
Not Applicable

Zip  
33426

Country  
USA

Zip  
33426

Country  
USA

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Andrew C. Sloan

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

42 Hastings Lane

City  
Boynton Beach

FL

Zip Code  
33426

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.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President & CEO  
Andrew C. Sloan  
42 Hastings Lane, Boynton Beach, FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
Kishna N. Sloan  
(Same as Above Address)

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/8/03 (301) 357-0141  
Date Daytime Phone #

CR2E083B (12/01)