5/1

FILED
Jul 30, 2002 8:00 am
Secretary of State
05-14-2002 90350 015 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004912

1. Entity Name
Strategic Traffic School, Inc.

DO NOT WRITE IN THIS SPACE

39977
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5647 Naples Blvd	5647 Naples Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34109 Country: USA	Zip: 34109 Country: USA

4. FEI Number: 59-3656627 ☐ 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: Patricia Bilitzke

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

6118 Thresher Drive

City: Naples FL Zip Code: 34112

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changed)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	Patricia Bilitzke
STREET ADDRESS	6118 Thresher Drive
CITY-ST-ZIP	Naples FL 34112
TITLE	VP, S, D
NAME	Shelly Knapp
STREET ADDRESS	236 Benson St
CITY-ST-ZIP	Naples, FL 34113
TITLE	D
NAME	Jamie Mueller
STREET ADDRESS	2233 45th Street SW
CITY-ST-ZIP	Naples FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia D Bilitzke
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____