

5/4/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

05-04-2001 90065 017 ****61.25

DOCUMENT # N00000007307

1. Entity Name

BUSINESS TRAINING NETWORK, INC.

Principal Place of Business

Mailing Address

P.O. BOX 0274
DADE CITY FL 33526-0274P.O. BOX 0274
DADE CITY FL 33526-0274

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3677942

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HAGERT, PATRICIA J
 35097 WHISPERING OAKS BLVD.
 RIDGE MANOR FL 33523

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

FILE NOW:
FEF IS \$61.25

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 | P | <input type="checkbox"/> Delete |
| NAME | HAGERT, PATRICIA J | |
| STREET ADDRESS | 35097 WHISPERING OAKS BLVD. | |
| CITY-ST-ZIP | RIDGE MANOR FL 33523 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Hagert, Patricia J | |
| STREET ADDRESS | 35097 whispering oaks | |
| CITY-ST-ZIP | Ridge Manor, FL 33523 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | West, Carl R | |
| STREET ADDRESS | 106 Gray St | |
| CITY-ST-ZIP | Manchester N.H. 03103 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Janhonen, David | |
| STREET ADDRESS | 6894 14th Ave. N. | |
| CITY-ST-ZIP | St. Petersburg, FL 33710 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

Patricia J Hagert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 (352) 583-5824

CR2E037 (10/00)

75662



DO NOT WRITE IN THIS SPACE