

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90174 027 ****61.25

DOCUMENT # **N01000002708**

1. Entity Name

Training Resources And Computer Skills
d/b/a T R A C S SOLUTIONS



DO NOT WRITE IN THIS SPACE

11009774

2. Principal Place of Business
411 Berwick Ave

3. Mailing Address
P.O. 292671

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Temple Terrace, FL

City & State
Tampa, FL

4. FEI Number
65-1099825

Applied For
☐ Not Applicable

Zip
33617

Country
U.S.

Zip
33687-2671

Country
U.S.

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

7. Name and Address of Current Registered Agent

Name
Pamela F. Gibson

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

City, State, and Zip Code

City **Temple Terrace** **FL** Zip Code **33617**

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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. 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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T
Pamela F. Gibson
411 Berwick Ave
Tampa, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Andre Trotter
411 Berwick Ave
Tampa, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Clarence Horace
411 Berwick Ave
Tampa, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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

Pamela F. Gibson

April 19, 2003 813-967-3125

CR2E037B (12/02)