

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0085766

DOCUMENT # N02000002842

1. Entity Name

JSR TRAINING, INC



FILED

03 JUN -2 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5213 - 11TH AVENUE SOUTH
GULFPORT FL 33707

Mailing Address

PO BOX 530652
ST. PETERSBURG FL 33747

2. Principal Place of Business

1944 - 49th St. So

3. Mailing Address

PO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete FL

City & State

St. Pete FL

Zip

33707

Country

USA

Zip

33707

Country

USA

4. FEI Number

01-0670226

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

REED, JERI S
5213 - 11TH AVENUE SOUTH
GULFPORT FL 33707

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

05/21/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	REED, JERI S MS.	
STREET ADDRESS	5213 - 11TH AVENUE SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	V	<input type="checkbox"/> Delete
NAME	REED, RALPH L	
STREET ADDRESS	5213 - 11TH AVENUE SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	V	<input type="checkbox"/> Delete
NAME	REED, MICHAEL T	
STREET ADDRESS	2929 LICHEN LANE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

05/21/03 727-327-3509

CR2EQ37 (10/02)