

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 19, 2001 08:00 AM****Secretary of State****DOCUMENT # N30121**

1. Entity Name

INSTITUTE OF SPECIALIZED TRAINING & MANAGEMENT, INC.

Principal Place of Business

853 E. HWY. 436
SUITE 200
CASSELBERRY
32707

US

FL

Mailing Address

853 E. HWY. 436
SUITE 200
CASSELBERRY
32707

US

FL

2. Principal Place of Business

853 SEMORAN BOULEVARD

3. Mailing Address

853 SEMORAN BOULEVARD

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

CASSELBERRY

FL

City & State

CASSELBERRY

FL

Zip

32707

Country

US

Zip

32707

Country

US

4. FEI Number

59-2942202

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCASORIA CY
1040 BAYVIEW DR.FORT LAUDERDALE
33304

US

FL

7. Name and Address of New Registered Agent

Name

CASORIA CY

Street Address (P.O. Box Number is Not Acceptable)
1040 BAYVIEW DR.City
FORT LAUDERDALE

FL

Zip Code
33304

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 **CY CASORIA****03/19/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE 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	D	<input type="checkbox"/> Delete
NAME	PACE JOE	
STREET ADDRESS	1230 S. SOUTHLAKE DR.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAMBETH JAMES O	
STREET ADDRESS	17154 N.W. 856 TERRACE	
CITY-ST-ZIP	REDDICK FL 32626	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	C.M. FIKE II	
STREET ADDRESS	1401 W. CYPRESS CREEK RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIKE C. M. II	
STREET ADDRESS	1401 W. CYPRESS CREEK RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
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)(f), 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: C. M. FIKE II

PRES

03/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)