

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N30121

FILED  
Jan 06, 2003  
Secretary of State

**Entity Name:** INSTITUTE OF SPECIALIZED TRAINING & MANAGEMENT, INC.

**Current Principal Place of Business:**

853 SEMORAN BOULEVARD  
SUITE 200  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

853 SEMORAN BOULEVARD  
SUITE 200  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

**FEI Number:** 59-2942202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASORIA, CY  
1040 BAYVIEW DR.  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: FIKE, C. M. II  
Address: 1401 W. CYPRESS CREEK RD.  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: SD ( ) Delete  
Name: LAMBETH, JAMES O  
Address: 17154 N.W. 856 TERRACE  
City-St-Zip: REDDICK, FL 32626

Title: D ( ) Delete  
Name: PACE, JOE  
Address: 1230 S. SOUTHLAKE DR.  
City-St-Zip: HOLLYWOOD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: LAMBETH, JAMES O  
Address: 6965 49TH STREET  
City-St-Zip: VERO BEACH, FL 32967

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. M. FIKE II

PRES

01/06/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date