

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002439

1. Entity Name

THE SENIOR TRAINING EMPLOYMENT PROGRAM, INC.

Principal Place of Business

Mailing Address

3747 W-INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32124-1011
US

3747 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32124-1011
US

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

59-3375018

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

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491

Name

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

City

FL

Zip Code

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: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS FORD, VINCETTA
CITY-ST-ZIP 723 W. HIGHLAND AVE
DELAND FL 32720-5213

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HARRIS, DILYS
CITY-ST-ZIP 219A MAGNOLIA AVENUE
DAYTONA BEACH FL 32114-4305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS DAVIS, ROBERT
CITY-ST-ZIP 1919 S PENINSULA DR
DAYTONA BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS LEE, SHIRLEY
CITY-ST-ZIP 640 SECOND AVENUE
DAYTONA BEACH FL 32120-3099

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HEIDRICH, NANNETTE
CITY-ST-ZIP 719 WALKER ST
HOLLY HILL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS NOWISKIE, RON
CITY-ST-ZIP 1320 OAK FOREST DR
ORMOND BCH FL

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90162 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4-16-02