

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N95000002439

1. Entity Name
THE SENIOR TRAINING EMPLOYMENT PROGRAM, INC.

Principal Place of Business 3747 W-INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32124-1011 US	Mailing Address 3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32124-1011 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3375018	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, VINCETTA	NAME	
STREET ADDRESS	723 W. HIGHLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720-5213	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DILYS	NAME	
STREET ADDRESS	219A MAGNOLIA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-4305	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ROBERT	NAME	
STREET ADDRESS	1919 S PENINSULA DR	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, SHIRLEY	NAME	
STREET ADDRESS	640 SECOND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32120-3099	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDRICH, NANNETTE	NAME	
STREET ADDRESS	719 WALKER ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWISKIE, RON	NAME	
STREET ADDRESS	1320 OAK FOREST DR	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	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** 4-16-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)