

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 16, 2001 8:00 am
Secretary of State

03-21-2001 90046 035 ****70.00

DOCUMENT # **N99000002139** ✓
 1. Entity Name
TRADE SHOW & PRODUCTION CULTURAL TRAINING CENTER, INC.

Principal Place of Business Mailing Address
7040 TALBOT DRIVE - 7040 TALBOT DRIVE
ORLANDO, FL 32819 ORLANDO, FL 32819

2. Principal Place of Business 3. Mailing Address
9146 BOSTON ROUGE DR. P.O. Box 2136
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORLANDO, FL WINDERMERE, FL
 Zip Country Zip Country
32818 U.S. 32786 U.S.

4. FEI Number Applied For
593578548 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 Agent

HARDAWAY, LARRY
2910 WINTER LAKE ROAD
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name **FRANKLIN E. ALLEN I.**
 Street Address (P.O. Box Number is Not Acceptable)
9146 BOSTON ROUGE DR.
 City **ORLANDO, FL** Zip Code **32818**

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 **FRANKLIN E. ALLEN I. (PRESIDENT)** **Franklin E. Allen I.** **2/26/01**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGE SIPLIN 7040 TALBOT DRIVE ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LARRY HARDAWAY 6155 S. FLORIDA AVE., Suite 2 LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD PRESIDENT ALLEN, FRANKLIN E. I. 9146 BOSTON ROUGE DR. ORLANDO, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HALSTEAD, JOHN 2205 LYME BAY DR. ORLANDO, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALLEN, LORRA A. 9146 BOSTON ROUGE DR. ORLANDO, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXPENSE TREASURER SIPLIN, TERRY 7040 TALBOT DR. ORLANDO, FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Franklin E. Allen I.** **FRANKLIN E. ALLEN I.** **2/26/01** **407-290-2012**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)