

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90351 018 ****61.25

DOCUMENT # N99000003244

1. Entity Name
INDUSTRIES TRAINING CORPORATION



Principal Place of Business

**12425-28TH ST. NORTH
SUITE 103
ST. PETERSBURG FL 33716
US**

Mailing Address

**12425-28TH ST. NORTH
SUITE 103
ST. PETERSBURG FL 33716
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3573446**

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

**BREWTON, WILBUR E
225 S ADAMS STREET
SUITE 250
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **GOODE, R RAY**
STREET ADDRESS **3600 NW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **OGILVIE, C H JR.**
STREET ADDRESS **400 N NEW YORK AVE STE 103**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **DAVIS, PAMELA JO**
STREET ADDRESS **12425 - 28TH STREET N SUITE 103**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

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

TITLE **D** ☐ Delete
NAME **ALVAREX, MARCELO A**
STREET ADDRESS **777 BRICKELL AVE STE 1150**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☐ Delete
NAME **BRYANT, CECILIA**
STREET ADDRESS **1400 PRUDENTIAL DR #7**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **D** ☐ Delete
NAME **HOOVER, ROBIN C**
STREET ADDRESS **1000 N ASHLEY STE 600**
CITY-ST-ZIP **TAMPA FL 33579**

☐ 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:

Robert M. Smith

JAN 23 2003


122-556-3318

CR2E037 (10/02)

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

80015382

DOCUMENT # <u>N99000003244</u>	
1. Entity Name <u>INDUSTRIES TRAINING CORPORATION</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>13425 - 28th St. N.</u>	3. Mailing Address <u>13425 - 28th St. N.</u>
Suite, Apt. #, etc. <u>SUITE 103</u>	Suite, Apt. #, etc. <u>SUITE 103</u>
City & State <u>ST. PETERSBURG, FL</u>	City & State <u>ST. PETERSBURG, FL</u>
Zip <u>33716</u>	Country <u>US</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3573446</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when replacing) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>MAY, RANDALL L.</u> <u>345 CHALLENGER ROAD</u> <u>CAPE CANAVERAL, FL 32920</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>HUFF, JAMES E.</u> <u>8465 OLD DIXIE HWY</u> <u>WABASSO, FL 32970</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>LEIVA, MARTA LAMILA</u> <u>1550 MADRUGA AVE., SUITE 406</u> <u>CORAL GABLES, FL 33146</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>MALLEN, KENNETH L.</u> <u>7856 BAYOU CLUB BLVD</u> <u>LAKEO, FL 33777</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>T</u> <u>ROBERT M. SMITH, ROBERT M.</u> <u>13425 - 28th St. N., SUITE 103</u> <u>ST. PETERSBURG, FL 33716</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>S</u> <u>KNIGHTLY, ESTHER R.</u> <u>13425 - 28th St. N., SUITE 103</u> <u>ST. PETERSBURG, FL 33716</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037B (12/02)