

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005751

FILED
Sep 12, 2003
Secretary of State

Entity Name: SPECIAL OPERATIONS TRAINING INSTITUTE, INC.

Current Principal Place of Business:

2341 S.W. 46 AVE.
PLANTATION, FL 33317

New Principal Place of Business:

278 SW 159TH AVENUE
SUNRISE, FL 33326

Current Mailing Address:

2341 S.W. 46 AVE.
PLANTATION, FL 33317

New Mailing Address:

278 SW 159TH AVENUE
SUNRISE, FL 33326

FEI Number: 65-0958064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDENHOUTEN, AARON L
2341 S.W. 46 AVE.
PLANTATION, FL 33317

Name and Address of New Registered Agent:

VANDENHOUTEN, AARON L
278 SW 159TH AVENUE
SUNRISE, FL 33326

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: _____

09/12/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: VANDENHOUTEN, AARON L
Address: 2341 S.W. 46 AVE.
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: VANDENHOUTEN, JOEL
Address: 1207 CEDAR OAKS DR.
City-St-Zip: CEDAR PARK, TX 78613

Title: D () Delete
Name: VANDENHOUTEN, JOSEPH LEBERT
Address: 2341 S.W. 46 AVE.
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: VANDENHOUTEN, AARON L
Address: 278 SW 159TH AVENUE
City-St-Zip: SUNRISE, FL 33326

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

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: AARON L. VANDENHOUTEN

P

09/12/2003

Electronic Signature of Signing Officer or Director

Date