2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2002 8:00 am Secretary of State DOCUMENT # **N99000007430** GREATER GAINESVILLE AREA ASSOCIATION FOR TECHNIC 02-06-2002 90028 017 ****61.25 AL TRAINING, INC. Principal Place of Business Mailing Address 3000 NW 83RD ST P O BOX 357913 GAINESVILLE FL 32606 GAINESVILLE FL 32635-7913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3615065 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GENTRY, JOHN E 2602 NW 156TH AVE. GAINESVILLE FL 32609 City 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete ☐ Addition TITLE Change NAME MCGRAW, MICHAEL E NAME STREET ADDRESS STREET ADDRESS 2606 N.E. 17TH TERR. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32609 TITLE SD ☐ Delete TITLE Addition Change NAME PAINTER, JERRY M NAME STREET ADDRESS 2425 NE 19TH DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP* GAINESVILLE FL 32609 TITLE TD ☐ Change Delete TITI F Addition NAME NAME gentry, John E STREET ADDRESS STREET ADDRESS 2602 NW 156 AVE. CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32609** ☐ Delete TITLE Change ☐ Addition LESUE, BRIAN NAME NAME STREET ADDRESS 2500 NE 18TH TERR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP GAINESVILLE FL 32609 TITLE ☐ Delete TITLE ☐ Change ☐ Addition Jaržembski, steve NAME NAME STREET ADDRESS STREET ADDRESS 7005 NW 41 PLACE. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 Delete ☐ Addition TITLE ☐ Change NAME NAME

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 emac

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP