

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000186

1. Entity Name

VIATICAL TRAINING INSTITUTE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90229 001 ***150.00

Principal Place of Business

Mailing Address

105 E ROBINSON ST. SUITE 222
ORLANDO FL 32801

105 E ROBINSON ST. SUITE 222
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

105 E. Robinson Street

105 E. Robinson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 222

Suite 222

City & State

City & State

Orlando, Florida

Orlando, Florida

Zip

Country

32801

US

Zip

Country

32801

US

4. FEI Number

☒ 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

HEEKE, ALLEN JR

105 E ROBINSON ST, SUITE 222
ORLANDO FL 32801

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PSDT
Jess LaMonda
105 E. Robinson St, Ste 222
Orlando, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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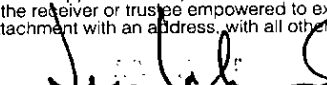
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other time empowered

SIGNATURE:  Jess LaMonda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/00

Date

407-650-4240

Daytime Phone #

CR2E034 (9/99)