## 2001 UNIFORM BUSINESS REPORT/(UBR) FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P0000037395 1. Entity Name FOOD SAFETY TRAINING INC. 04-23-2001 90116 045 \*\*\*150.00 Principal Place of Business Mailing Address 1331 E. LAFAYETTE ST., STE, C 1331 E. LAFAYETTE ST., STE. C TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 Principal Place of Business 4201 Vine and Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Suite Applied For 4. FEI Number 59-3/49689 City & State Not Applicable Country USA-\$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREER, JAMES A Street Address (P.O. Box Number is Not Acceptable) 1331 E. LAFAYETTE ST., STE. C TALLAHASSEE FL 32301 Suite I-3 dentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nati SIGNATURE (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filin requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) TITLE ☐ Addition ☐ Delete D JAMES A Green 4201 Vineland Rd Swite I-3 NAME GREER, JAMES A STREET ADDRESS STREET ADDRESS 1331 E. LAFAYETTE ST., STE. C CITY-ST-7IP Orlando, Fr 32811 CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Change ☐ Delete TITLE TITLE Joseph F. Reilly NAME NAME 4201 vineland Rd Suite I-3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, Fr 32811 ☐ Delete Eugene-Collins NAME. 4201 Vineland Rd Swite I-3 NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, FZ 32811 TITLE TITLE ☐ Delete HArold F.X. Phrnell NAME NAME 4201 Vineland Rd Suite I-3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, Fi ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 like empowered.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Detete

4/16/01

800-537-9863

Change

☐ Addition

Daytime Phone #