

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90185 038 ***158.75

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DOCUMENT # P00000037395

1. Entity Name
FOOD SAFETY TRAINING INC.



Principal Place of Business
**4201 VINELAND RD
SUITE I-3
ORLANDO FL 32811**

Mailing Address
**4201 VINELAND RD
SUITE I-3
ORLANDO FL 32811**

2. Principal Place of Business

3. Mailing Address

848 Executive Drive

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Oviedo, FL

Zip
32765

Country

USA

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3649689**

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

**GREER, JAMES A
4201 VINELAND RD SUITE I-3
ORLANDO FL 32811**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GREER, JAMES A**
STREET ADDRESS **4201 VINELAND RD SUITE I-3**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE **D** ☐ Delete
NAME **REILLY, JOSEPH F**
STREET ADDRESS **4201 VINELAND RD SUITE I-3**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE **D** ☐ Delete
NAME **COLLINS, EUGENE**
STREET ADDRESS **4201 VINELAND RD SUITE I-3**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE **D** ☐ Delete
NAME **PURNELL, HAROLD F X**
STREET ADDRESS **4201 VINELAND RD SUITE I-3**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address in Block 11, like any other.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 407-706-085
Date Daytime Phone #

CR2E034 (10/02)