

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90336 030 ***158.75

DOCUMENT # P00000046710

1. Entity Name

PROACTIVE TRAINING AND CONSULTING, INC.

Principal Place of Business

Mailing Address

P. O. BOX 89264
 TAMPA FL 33689-0404

P. O. BOX 89264
 TAMPA FL 33689-0404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3660928

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

CRUZ, OCTAVIO
5015 W. WATERS AVE., SUITE F
TAMPA FL 33634

Name

Heidi Lehmann (PDS)

Street Address (P.O. Box Number is Not Acceptable)

8947 Old Temple Terrace HWY

City

TAMPA

FL

Zip Code

33637

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, 2001 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	PDS	<input type="checkbox"/> Delete
NAME	LEHMANN, HEIDI	
STREET ADDRESS	P. O. BOX 89264	
CITY-ST-ZIP	TAMPA FL 33689-0404	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARENTI, PAMELA E	
STREET ADDRESS	P. O. BOX 89264	
CITY-ST-ZIP	TAMPA FL 33689-0404	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRAWFORD, DEBORAH E	
STREET ADDRESS	P. O. BOX 89264	
CITY-ST-ZIP	TAMPA FL 33689-0404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01 (813) 984-1867

CR2E034 (10/00)