

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90036 017 ***150.00

DOCUMENT # P00000091588

1. Entity Name

BROKERTRAININGSCHOOL.COM, INC.

Principal Place of Business

**1180 PEREGRINE CIRCLE WEST
JACKSONVILLE FL 32259**

Mailing Address

**1180 PEREGRINE CIRCLE WEST
JACKSONVILLE FL 32259**

2. Principal Place of Business

475 CENTRAL AVE

Suite, Apt. #, etc.

205

3. Mailing Address

475 CENTRAL AVE

Suite, Apt. #, etc.

205

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

33701

Country

US

Zip

33701

Country

US

4. FEI Number

59-3682571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
103 N. MERIDIAN ST.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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)

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**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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEO
STREET ADDRESS	TOM MCCLUSKEY
CITY-ST-ZIP	3901 IMAGINARY RD TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAIRMAN
STREET ADDRESS	PAUL A. WERLIN
CITY-ST-ZIP	475 CENTRAL AVE. #205 ST. PETERSBURG FL 33701
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 #

CR2E034 (10/00)