2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90234 049 ***150.00

DOCUMENT # P00000096411

1. Entity Name

U1 RETENTION & TRAINING SPECIALISTS, INC.

Principal Place of Business	Mailing Address
10600 BLOOMFIELD DR. APT 1817 ORLANDO FL 32825	10600 BLOOMFIELD DR. APT 1817 ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3394 Morelyn Crest Circle Suite, Apt. #, etc.	3394 Morelyn Crest Circle Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32828 Country: U.S.A.	Zip: 32828 Country: U.S.A.

4. FEI Number: 59-3676000 ☐ 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
WILKINS, ROBERT C JR 230 LOOKOUT PL MAITLAND FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) City 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's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECKER, IRENE A 10600 BLOOMFIELD DR, APT 1817 ORLANDO FL 32825	☐ Delete	P Irene A. Becker 3394 Morelyn Crest Circle Orlando, FL 32828	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S Edidelsa Diehl-Banks 2699 Clearbrook Circle Orlando, FL 32810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V Laurel Ferro 7832 Rollingridge Court Orlando, FL 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V Robin M. Oliver 1142 Winged Foot Circle West Winter Springs, FL 32708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T Barbara E. Thompson 1504 Perez Street Orlando, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Barbara E. Thompson Barbara E. Thompson April 23, 2001 (407) 282-6426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #