

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90273 006 ***150.00

0109679 AV

DOCUMENT # P00000096411

1. Entity Name

U1 RETENTION & TRAINING SPECIALISTS, INC.

Principal Place of Business

**3394 MORELYN CREST CIRCLE
 ORLANDO FL 32828**

Mailing Address

**3394 MORELYN CREST CIRCLE
 ORLANDO FL 32828**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3676000

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **BECKER, IRENE A**
 CITY-ST-ZIP **3394 MORELYN CREST CIRCLE
 ORLANDO FL 32828**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **DIEHL-BANKS, EDIDELSA**
 CITY-ST-ZIP **2699 CLEARBROOK CIRCLE
 ORLANDO FL 32810**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **Diehl, Edidelsa**
 CITY-ST-ZIP **1008 Malone Drive
 Orlando, FL 32810**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **FERRO, LAUREL**
 CITY-ST-ZIP **7832 ROLLINGRIDGE COURT
 ORLANDO FL 32835**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **OLIVER, ROBIN M**
 CITY-ST-ZIP **1142 WINGED FOOT CIRCLE WEST
 WINTER SPRINGS FL 32708**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **THOMPSON, BARBARA E**
 CITY-ST-ZIP **1504 PEREZ STREET
 ORLANDO FL 32825**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **V**
 STREET ADDRESS **Love, Sheila**
 CITY-ST-ZIP **964 Beach Breeze Drive
 Orlando, FL 32838**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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** **4/16/02** **(407) 282-6426**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)