

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BECKER, IRENE A	3394 MORELYN CREST CIRCLE	ORLANDO FL 32828	<input type="checkbox"/>
S	DIEHL, EDIDELSA	1008 MALONE DR	ORLANDO FL 32810	<input type="checkbox"/>
V	FERRO, LAUREL	7832 ROLLINGRIDGE COURT	ORLANDO FL 32835	<input type="checkbox"/>
V	OLIVER, ROBIN M	1142 WINGED FOOT CIRCLE WEST	WINTER SPRINGS FL 32708	<input type="checkbox"/>
T	THOMPSON, BARBARA E	1504 PEREZ STREET	ORLANDO FL 32825	<input type="checkbox"/>
V	LOVE, SHEILA	964 BEACH BREEZE DRIVE	ORLANDO FL 32835	<input type="checkbox"/>

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

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, with all other like empowered.

SIGNATURE:

Barbara E. Thompson
Barbara E. Thompson 3/19/03 (407) 282-6426
Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90072 014 ***150.00



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3676000**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

CR2E034 (10/02)