

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107920

1. Entity Name

TRAINING JUSTICE ADMINISTRATION (TJA) & TRAINING

Principal Place of Business

1301 SW 4TH CT
CAPE CORAL FL 33991

Mailing Address

1301 SW 4TH CT
CAPE CORAL FL 33991

2. Principal Place of Business

3323 N. KEY DR

Suite, Apt. #, etc.

Suite D-7

City & State

N. FT MYERS, FL

Zip

Country

33903

Lee

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

4. FEI Number

65-1054311

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

COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD #101
FT MYERS FL 33907

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, 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 ☐ Delete
NAME D
STREET ADDRESS KEMPER, DANIEL
CITY-ST-ZIP 1301 SW 4TH CT
CAPE CORAL FL 33991

TITLE ☒ Change ☐ Addition
NAME 3323 N. KEY DR, Suite D7
STREET ADDRESS N. FT MYERS, FL 33903
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS ARCHAMBAULT, THOMAS J
CITY-ST-ZIP 1301 SW 4TH CT
CAPE CORAL FL 33991

TITLE ☒ Change ☐ Addition
NAME 3323 N. KEY DR, Suite D7
STREET ADDRESS N. FT MYERS, FL 33903
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS CROKER, ANTHONY
CITY-ST-ZIP 1301 SW 4TH CT
CAPE CORAL FL 33991

TITLE ☒ Change ☐ Addition
NAME 3323 N. KEY DR, Suite D7
STREET ADDRESS N. FT MYERS, FL 33903
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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

THOMAS J. ARCHAMBAULT 2/5/01 9411 977-2659

Date

Daytime Phone #

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90021 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)