FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 16, 2003 8:00 am
Secretary of State
04-02-2003 90055 019 ***150.00

DOCUMENT # P00000111497

1. Entity Name

Unified Training Center, Inc.

DJU26244

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
809 West University Ave.	1102 NW 23RD AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville Fla	City & State: Gainesville Fla
Zip: 32605 Country: US	Zip: 32605 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-368-4779 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RODERICK W WIGGINS

Street Address (P.O. Box Number is Not Acceptable): 2916 NW 10th pl.

City: Gainesville Fla FL Zip Code: 32602

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 _____ DATE 4/11/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT	TITLE	
NAME	RODERICK W. WIGGINS	NAME	
STREET ADDRESS	2916 NW 10th pl.	STREET ADDRESS	
CITY-ST-ZIP	Gainesville Fla 32602	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	LILLI B. WIGGINS	NAME	
STREET ADDRESS	2916 NW 10th pl.	STREET ADDRESS	
CITY-ST-ZIP	Gainesville Fla 32602	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	LILLI B. WIGGINS	NAME	
STREET ADDRESS	2916 NW 10th pl.	STREET ADDRESS	
CITY-ST-ZIP	Gainesville Fla 32602	CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #