## 2003 FOR PROFIT CORPORATION

## FILED May 01, 2003 8:00 am Secretary of State

727 25/3900

DOCU	MENT # P01000018  Pe ANDERSON TRAINING & C	05-01-2003 902	256 036	***15	0.00				
Principal Plac	ce of Business	Mailing Address	V	A STATE OF THE PARTY OF THE PAR					
4783 110TH	I AVENUE NORTH SBURG, FL 33762	4783 110TH AVENUE NORTH SAINT PETERSBURG, FL 33762			,				
2. Principal Place of Business 3. Mailing Address					T TOUR AND US BESSEL HOW BONE TOWN BONE ENDER WERE 1844 AND 1944 AND 1844				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3700210	59-3700210 Applied For Not Applicable			7
Zip	Country	Zip	Country			\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New Registered Agent				
SPIEGEL & UTRERA, P.A.				Name					
343 ALMERIA AVENUE CORAL GABLES, FL 33134				Street Address (P.O.: Box Number Is Not Acceptable)					_
· .			_				<del></del>		_
The above named entity submits this statement for the purpose of changing its register.				City					
	r named entity submits this statement in tions of registered agent.	or the purpose of changing its	s registere o	onice or register	ed agent, or both, in the State of Florida.	lam rami	iarwiin,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Revisured /	Agent±ignatus stoppied	when etistation	DATE		<del></del>	
After	FILE NOWILL FEE IS \$150.00 May 1: 2003 Fee will be \$550.00 ( Payable to Florida Department				Election Campaign Financin     Trust Fund Contribution.	ig 🗆		May Be to Fees	
10.	• OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICER				1
TITLE NAME STREET ADDRESS CITY-ST-2P	PSD ANDERSON, GEORGE C 4783 110TH AVENUE NORTH SAINT PETERSBURG, FL 3376	□ Dekte	TITLE NAME STREET CITY-S	ADDRESS 1-21P			Change	Addition .	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZP	VTD OTERO, GLADYS M 4783 110TH AVENUE NORTH SAINT PETERSBURG, FL 3376	□ Delete	TIFLE NAME STREET CITY-S	ADDRESS 1-ZIP			Change	Addition	CRZI
TITLE NAME STREET ADDRESS CITY-53-2P		Delete	TITLE NAME STHEET CITY-S	ADDRESS 1-21P	N. C.		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-21P			Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷	☐ Delete	TITLE NAME STREET CITY-ST	ADURESS 1-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		. Delete	TITLE NAME STREET CITY-SI	ADORESS 1-21P			Change	Addition	
	on this report or supplemental report is poration or the receiver or trustee emp, or on an attachment with ab address,		my signatur t as require t.	re shall have the s d by Chapter 607,	otion 119.07(3XI), Florida Statutes. I furth ame legal effect as if made under oath; I, Florida Statutes; and that my name app	hat I am a ears in Bio	n officer o ick 10 or		