

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90149 023 ***150.00

DOCUMENT # **PO1000026998**

1. Entity Name

SPECTRUM TRAINING ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

651228

2. Principal Place of Business

749 SILVERMAPLE DR.

3. Mailing Address

P.O. Box 222

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

32308 USA

Zip

Country

32302 USA

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

KELLEY BAILEY

Street Address (P.O. Box Number is Not Acceptable)

749 SILVERMAPLE DRIVE

City

TALLAHASSEE

FL

Zip Code

32308

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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-DIRECTOR KELLEY BAILEY 749 SILVERMAPLE DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-DIRECTOR CHERYL ANDERSON P.O. Box 222 TALLAHASSEE, FL 32302
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KELLEY BAILEY

4-26-02

Date

6564529

Daytime Phone #