


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90285 040 ***150.00

0043837 AV

DOCUMENT # P01000026995	
1. Entity Name SPECTRUM TRAINING ASSOCIATES, INCORPORATED	

Principal Place of Business 749 SILVER MAPLE DR TALLAHASSEE FL 32308	Mailing Address P.O. BOX 222 TALLAHASSEE FL 32302
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2. Principal Place of Business 6396 BELGRAND DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TALLAHASSEE FL	City & State
Zip 32312	Country LEON


32-0018635

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 32-0018635	Applied For APPLIED FOR
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAILEY, KELLEY 749 SILVER MAPLE DR TALLAHASSEE FL 32308	7. Name and Address of New Registered Agent Name: CHERYL ANDERSON Street Address (P.O. Box Number is Not Acceptable): 6396 BELGRAND DRIVE City: TALLAHASSEE FL Zip Code: 32312
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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:  (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COD BAILEY, KELLEY 749 SILVERMAPLE DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COD ANDERSON, CHERYL P.O. BOX 222 TALLAHASSEE FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **CHERYL L. ANDERSON** 850-915-9259

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

CR2E034 (10/02)