

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

DOCUMENT # P01000033433

1. Entity Name

ADVANCED TRAINING INC.

FILED

02 OCT 29 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2739 FABIUS CT.

3. Mailing Address

PO BOX 821

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

GREEN COVE SPRINGS

City & State

GREEN COVE SPRINGS

4. FEI Number

65-1096719

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 DAVID E. CARPENTER

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

2739 FABIUS CT.

City GREEN COVE SPRINGS

FL

Zip Code
32043

**DO NOT WRITE
IN THIS SPACE**

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)

10/21/02

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
P/D DAVID E. CARPENTER
2739 FABIUS CT.
GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

200008643122
10/29/02--01023--015 **158.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V JASON D. PALMER
6213 ISLAND FOREST DR
ORANGE PARK, FL 32003

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

DAVID E. CARPENTER

10/21/02

(904) 291-0529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)

Advanced Training Inc.
P.O. Box 821
Green Cove Springs, FL 32043

Florida Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Dear Sir or Madam:

Per my conversation with a representative from your agency and confirmation from your website, you have not received my notice of address change, sent to you in July, 2001. As an apparent result of this, I did not receive any communications or notice of UBR renewal deadlines and/or costs. I have completed the required UBR with the updated address and information. Also enclosed is a check for \$158.75 to renew my corporate status as well as obtain a certificate of status. I apologize for any inconvenience and thank you for your assistance in this matter.

Respectfully,



David E. Carpenter
President and Director
Advanced Training Inc.