

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90031 040 ***150.00

DOCUMENT # P01000056806

1. Entity Name

THE TRAINING SYSTEMS, INC.

Principal Place of Business

**706 SW 5TH STREET
TRENTON FL 32693**

Mailing Address

**706 SW 5TH STREET
TRENTON FL 32693**

2. Principal Place of Business

1225 S.E. 4th Terrace

3. Mailing Address

P.O. Box 39

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chief land FL

City & State

chief land FI

Zip

32626

Country

Levy

Zip

32644

Country

Levy

4. FEI Number

593727795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GORDON, MICHAEL D
706 SW 5TH STREET
TRENTON FL 32693**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	8
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael D. Gordon
STREET ADDRESS	706 SW 5th St
CITY-ST-ZIP	Trenton, FL. 32693
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	Gerhard Lechner
CITY-ST-ZIP	51375 Leverkusen AmdenForst 18
	West Germany
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SC
STREET ADDRESS	Peter Theissen
CITY-ST-ZIP	47781 Haas
	Milhelmstrabe 8
	West - Germany
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T.
STREET ADDRESS	Jamie Gordon
CITY-ST-ZIP	706 SW 5th St
	Trenton, FL. 32693
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael D. Gordon President

21 Mar 2002

352 496-8020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0066907 AV

CR2E034 (9/01)