

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90031 040 ***150.00

0069907 AV

DOCUMENT # P01000056806
 1. Entity Name
THE TRAINING SYSTEMS, INC.

Principal Place of Business Mailing Address
706 SW 5TH STREET **706 SW 5TH STREET**
TRENTON FL 32693 **TRENTON FL 32693**

2. Principal Place of Business 3. Mailing Address
1225 S.E. 4th Terrace **P.O. Box 39**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Chief land FL **chief land FL**
 Zip Zip Country Country
32626 **32644** **Levy** **Levy**

4. FEI Number **593727795** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	706 SW 5th St
CITY-ST-ZIP	Trenton, FL 32693
TITLE	<input type="checkbox"/> Delete
NAME	VP
STREET ADDRESS	51375 Leverkusen Auenforst 18
CITY-ST-ZIP	West Germany
TITLE	<input type="checkbox"/> Delete
NAME	SC
STREET ADDRESS	47781 Haas
CITY-ST-ZIP	Milhelmstraße 8 West - Germany
TITLE	<input type="checkbox"/> Delete
NAME	T.
STREET ADDRESS	706 Sw 5th St
CITY-ST-ZIP	Trenton, FL 32693
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	Gerhard Lechner
STREET ADDRESS	51375 Leverkusen Auenforst 18
CITY-ST-ZIP	West Germany
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Theissen
STREET ADDRESS	47781 Haas
CITY-ST-ZIP	Milhelmstraße 8 West - Germany
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jamie Gordon
STREET ADDRESS	706 Sw 5th St
CITY-ST-ZIP	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 Date: 21 Mar 2002 Daytime Phone #: 352 496-8020

CR2E034 (9/01)