## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State P01000075006 DOCUMENT # 1. Entity Name 05-22-2002 90093 030 \*\*\*150.00 TRAINTECH, INC Mailing Address Principal Place of Business 90 ANN CIRCLE 90 ANN CIRCLE CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32327 3. Mailing Address 810 Thomas Ville Rd #2 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent dress of Current Registered Agent PHILLEY, JOHN W 90 ANN CIRCLE CRAWFORDVILLE FL 32327 istered agent, or both, in the State of Florida. 8. The above named entity submits this statement of changing its registered offic SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change ☐ Addition TITLE TITLE NAME NAME 810 Thomas villiped #1 STREET ADDRESS STREET ADDRESS Tallahaisee, PL 32303 CITY-ST-ZIP CITY-ST-ZIP Melissa D Philley Secte fory ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete DIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 in other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP