

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90415 040 ***150.00

DOCUMENT # P01000089327

1. Entity Name
ADLERIAN TRAINING INSTITUTE, INC.



Principal Place of Business
**8901 WILES ROAD, #304
CORAL SPRINGS FL 33067**

Mailing Address
**PO BOX 276358
BOCA RATON FL 33427**



2. Principal Place of Business
**863 SW Grand Reserve Blvd
Suite, Apt. #, etc.**

3. Mailing Address
**P.O. Box 881581
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
Port St Lucie, FL
Zip
34986
Country
USA

City & State
Port St. Lucie, FL
Zip
34988
Country
USA

4. FEI Number **65-1138977**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NICOLL, WILLIAM G. PH.D.
8901 WILES ROAD, #304
CORAL SPRINGS FL 33067

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NICOLL, WILLIAM G**
STREET ADDRESS **8901 WILES ROAD, #304**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **D** ☐ Delete
NAME **CHRISTENSEN, OSCAR C**
STREET ADDRESS **7002 SOYALVRA PL**
CITY-ST-ZIP **TUCSON AZ 85712**

TITLE **D** ☐ Delete
NAME **BITTER, JAMES R**
STREET ADDRESS **9 SOUTH FOXBOROUGH LANE**
CITY-ST-ZIP **JOHNSON CITY TN 37614**

TITLE **D** ☐ Delete
NAME **HOWES, CLAIR**
STREET ADDRESS **2419 BELLEVUE #113**
CITY-ST-ZIP **W VANCOUVER, BC CA VT-V4TA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William G. Nicoll, Ph.D. 4/7/03 873 3349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)