FILED
Jul 09, 2002 8:00 am
Secretary of State
05-22-2002 90105 008 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092552

1. Entity Name
SHADOW TRAINING, INC.

Principal Place of Business	Mailing Address
~~513 VILLAGE LANE~~ ~~WINTER PARK FL 32792~~	~~513 VILLAGE LANE~~ ~~WINTER PARK FL 32792~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2652 TAMERA CT. Suite, Apt. #, etc.	2652 TAMERA CT. Suite, Apt. #, etc.
City & State: APOPKA, FL.	City & State: APOPKA, FL.
Zip: 32712 Country: USA	Zip: 32712 Country: USA

4. FEI Number: 59-375 2576 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SPIEGEL & UTRERA, P.A.~~ ~~1640 SW 22ND ST.~~ ~~4TH FLOOR~~ ~~MIAMI FL 33145~~	Name: ELIZABETH GUCKENBERGER Street Address (P.O. Box Number is Not Acceptable): 2652 TAMERA CT. City: APOPKA FL Zip Code: 32712

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: Elizabeth Guckenberger 4-30-02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUCKENBERGER, ELIZABETH T ~~513 VILLAGE LANE~~ ~~WINTER PARK FL 32792~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2652 TAMERA CT. APOPKA, FL. 32712
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUCKENBERGER, JAMES R ~~513 VILLAGE LANE~~ ~~WINTER PARK FL 32792~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2652 TAMERA CT. APOPKA, FL. 32712
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GUCKENBERGER, MARY-LOU ~~513 VILLAGE LANE~~ ~~WINTER PARK FL 32792~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2652 TAMERA CT. APOPKA, FL. 32712
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (8/01)

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: [illegible] 4-30-02 386-517-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elizabeth Guckenberger