## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 28, 2002 8:00 am a Secretary of State DOCUMENT # P01000106369 1. Entity Name FOOD SAFETY TRAINERS & CONSULTANTS, INC. 05-28-2002 90715 026 \*\*\*155.00 Principal Place of Business Mailing Address 4630 S SHORE RD 4630 S SHORE RD ORLANDO FL 32839 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 30-0017171 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REID, VICKI Street Address (P.O. Box Number is Not Acceptable) 4630 S SHORE RD ORLANDO FL 32839 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME VICKI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32839 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 eport 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

• SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

Atta chment # P01000106369

Food Safety Trainers & Consultants, Inc.

P.O. Box 560447, Orlando, FL 32856

Phone: 1-866-777-8471 - Fax: (407)-240-6604 - Email: FSTrainers@aol.com

May 8, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed the 2002 Uniform Business Report, Document # P01000106369 for Food Safety Trainers & Consultants, Inc. and a check for the \$150.00 filing fee.

Due to inexperience as a new business owner, I have only just become aware of the purpose and importance of filing this document with the Division of Corporations. I am asking for lenience in this matter and can assure the Division it will not happen again as I have engaged the services of an accountant.

I respectfully ask that the Division will accept the enclosed fee of \$150.00 with the understanding that all future matters of Food Safety Trainers & Consultants, Inc. concerning the Florida State requirements for corporations will be handled expediently.

Sincerely,

Vicki Reid President