FILED

531-9520

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 25, 2002 8:00 am Secretary of State P01000114839 DOCUMENT # 05-27-2002 90464 017 ***150 00 1. Entity Name PROFESSIONAL TRAINING & CONSULTANTS, INC. Principal Place of Business Mailing Address 12033 65TH LANE NORTH 12033 65TH LANE NORTH 94948 **LARGO FL 33733** LARGO FL 33733 727-531-9520 2. Principal Place of Business 65TH LAVER 2033 **み033** Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For 30-0031/6/ 1260 AN6 1) Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fée Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent P.RO JARVIS, DEAN R - PRES 12033 65TH LANE NORTH **LARGO FL 33733** Zip Code AR60 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 agen (NOTE: Registered Agent signature required a 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ШΕ ☐ Delete Change ☐ Addition (9/01 NAME STREET ADDRESS STREET ADDRESS **CR2E034** CITY - ST-ZIP CITY-ST-ZIP JARVIS Par Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME 65 TH LANG NI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DIDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I turther 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. 722-