

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91147 022 ***150.00

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DOCUMENT # P02000022491

1. Entity Name
FAMILY TRAINING CENTER, INC.



Principal Place of Business Mailing Address
~~3301 EAST SILVER SPRINGS BLVD.~~ ~~3301 EAST SILVER SPRINGS BLVD.~~
~~SUITE-D~~ ~~SUITE-D~~
~~OCALA FL 34470~~ ~~OCALA FL 34470~~

2. Principal Place of Business 3. Mailing Address
514 S Pine Ave 514 S Pine Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ocala FL Ocala FL
Zip Country Zip Country
34474 Marion 34474 Marion

4. FEI Number 02-0593688
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CAMPBELL, LISA K
~~500 SE FORT KING STREET~~ 610 SE 17th Street
~~SUITE-A~~
OCALA, FL 34471 Ocala FL 34471

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]* DATE 3/30/03
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete
NAME	COY, ROBERT
STREET ADDRESS	3301 EAST SILVER SPRINGS BLVD., SUITE-D
CITY-ST-ZIP	OCALA FL 34470
TITLE	V <input type="checkbox"/> Delete
NAME	COY, CATHY
STREET ADDRESS	3301 EAST SILVER SPRINGS BLVD., SUITE-D
CITY-ST-ZIP	OCALA FL 34470
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COY, Robert
STREET ADDRESS	514 S. Pine Ave
CITY-ST-ZIP	Ocala, FL 34474
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COY, CATHY
STREET ADDRESS	514 S Pine Ave
CITY-ST-ZIP	Ocala, FL 34474
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* SIGNATURE REQUIRED CATHY COY 4-28-03 368-1939
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)