

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90820 002 ***158.75

DOCUMENT # P02000086248

1. Entity Name
TESTCORP, INC.



Principal Place of Business
**8412 NATIVE DANCER ROAD
PALM BEACH GARDENS FL 33418**

Mailing Address
**8412 NATIVE DANCER ROAD
PALM BEACH GARDENS FL 33418**



2. Principal Place of Business
**1451 W. CYPRESS CREEK RD.
SUITE 300**

3. Mailing Address
P.O. Box 7100

☐ CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE, FL
Zip
33309
Country
BROWARD

City & State
FT. LAUDERDALE, FL.
Zip
33338
Country
BROWARD

4. FEI Number
03-0477756

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BARNETT, CHARLES D
8412 NATIVE DANCER ROAD
PALM BEACH GARDENS FL 33418**

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 _____ (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 **BARNETT, CHARLES D**
STREET ADDRESS **8412 NATIVE DANCER ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **RALPH B. FARMER, PRES.** ☐ Delete
NAME **1451 W. CYPRESS CREEK ROAD**
STREET ADDRESS **SUITE 300**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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: **R. B. Farmer, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 954-982-2800

Date Daytime Phone #

CR2E034 (10/02)