

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000015329**

1. Entity Name

UNITED SERVICE TRAINING CORP.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90098 046 ***150.00

0253776

Principal Place of Business

**300 N.W. 25TH ST.
WILTON MANORS FL 33311**

Mailing Address

**300 N.W. 25TH ST.
WILTON MANORS FL 33311**

2. Principal Place of Business

1040 Bayview Drive

3. Mailing Address

1040 Bayview DriveSuite, Apt. #, etc.
Suite 415Suite, Apt. #, etc.
Suite 415

City & State

Ft Lauderdale, FL

City & State

Ft Lauderdale, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0398820**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****HADLEY, MICHAEL W
300 N.W. 25TH ST.
WILTON MANORS FL 33311****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
1040 Bayview Drive Suite 415**Ft Lauderdale****FL****33304**

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **HADLEY, MICHAEL W**
STREET ADDRESS **300 N.W. 25TH ST.**
CITY-ST-ZIP **WILTON MANORS FL 33311**TITLE **D** ☐ Delete
NAME **HADLEY, CYNTHIA R**
STREET ADDRESS **300 N.W. 25TH ST.**
CITY-ST-ZIP **WILTON MANORS FL 33311**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)