

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**  
 01-31-2001 90058 019 \*\*\*150.00

**DOCUMENT # P93000038067**

1. Entity Name

**THE SOURCE FOR TRAINING, INC.**

Principal Place of Business

~~4980 SOUTH FORK RANCH DR.~~  
~~ORLANDO FL 32812~~  
 2875 S. Delaney Ave.  
 Orlando, FL 32806

Mailing Address

~~4980 SOUTH FORK RANCH DR.~~  
~~ORLANDO FL 32812~~  
 2875 S. Delaney Ave.  
 Orlando, FL 32806

2. Principal Place of Business

2875 S. Delaney Ave.  
 Suite, Apt. #, etc.

3. Mailing Address

2875 S. Delaney Ave.  
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

Zip

32806

Country

USA

Zip

32806

Country

USA

4. FEI Number

59-3181361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ROGERS, NANCY C  
~~4980 SOUTH FORK RANCH DR.~~ 2875 S. Delaney Ave.  
~~ORLANDO FL 32812~~ Orlando, FL 32806

7. Name and Address of New Registered Agent

Name Rogers, Nancy C.  
 Street Address (P.O. Box Number is Not Acceptable) 2875 S. Delaney Ave.  
 City Orlando FL Zip Code 32806

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 State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROGERS, NANCY C	
STREET ADDRESS	<del>4980 SOUTH FORK RANCH DR.</del> 2875 S. Delaney Ave.	
CITY-ST-ZIP	<del>ORLANDO FL 32812</del> Orlando, FL 32806	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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 all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)