| 2001 UNIFORM BUSINESS REPORT (UBR)   |            |  |  |                                       |  | FILED   |                 |                               |  |
|--|------------|--|--|---------------------------------------|--|---|-----------------|-------------------------------|--|
| DOCU   | # P9300    | 0073235  |  |                                       | Jul 13, 2001 8:00 am<br>Secretary of State |   |                 |                               |  |
| 1. Entity Name COMPU-TRAIN EDUCATIONAL SERVICES INC.   |            |  |  |                                       |  |   | 90140 003 **    |                               |  |
| <del> </del>   |            |  |  | `( <i>\t</i>                          | <b>9</b>                                   |   |                 |                               |  |
| Principal Plac<br>31 W GARDE<br>STE. 200<br>PENSACOLA<br>US  | en St.     | S  | Mailing Address 31 W GARDEN ST. SUITE 200 PENSACOLA FL 32501 US  |                                       |  |   |                 |                               |  |
| 2. Principal F   | vantesSt.  | 3. Mailing Address 50\2.C1 Suite, Apt. #, etc. | rantss   |                                       |  |   |                 |                               |  |
| Gity & Stat  | Saci       | 00 F1  | eity & State   | c Fl                                  | <b>4.</b> F                                | El Number 59-3213485                          | -               | Applied For<br>Not Applicable |  |
| Zip  | <u> </u>   | Country  | Žip<br>200 C- ·  | Country                               | \ 5.0                                      | Certificate of Status Desired                 |                 | 5 Additional                  |  |
| 325  | 5 Name     | and Address of Current Br                      | 32SD1  | Land                                  | <u> </u>                                   | lame and Address of New R                     | Fee Re          | equired                       |  |
| 6. Name and Address of Current Registered Agent  |            |  |  |                                       | 7. 10                                      | lame and Address of New A                     | egistered Agent |                               |  |
| JONES,   |            |  | Street Addres  | ss (P.O. B                            | ox Number is Not Acceptable                | )   |                 |                               |  |
| 5600 GRANDE LAGOON CT PENSACOLA FL 32507   |            |  |  |                                       |  | ' <u>'</u>                                    |                 | <u> </u>                      |  |
| PENSAU   | OLA FL 323 | <i>ui</i>                                      |  | City                                  |  |   |                 |                               |  |
|  |            |  |  |                                       |  |   | FL   Zip        | Code                          |  |
| 8. The above   |            | y submits this statement for t                 |  | registered office or regis            |  | ent, or both, in the State of Flo             | rida.           |                               |  |
| 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 \$550.00 After September 12, 2001 Fee will be \$750.0 Make Check Payable to Department of State |                                       |  | 10. Election Campaign Financing \$5.00 May Be |                 |                               |  |
| 11.  | DTD        | OFFICERS AND D                                 |  | 12.                                   | ADI  | DITIONS/CHANGES TO OFFI                       |                 |                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |            | TEVE<br>INDE LAGOON CT<br>DLA FL 32507         | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   | □ Ch            | ange [_] Addition             |  |
| TITLE<br>NAME<br>Street Address<br>City-St-Zip   |            | AGE C<br>NDE LAGOON CT<br>DLA FL 32507         | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   | ☐ Ch            | ange Addition                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ·          |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   | _ Chi           | ange 🔲 Addition               |  |
| TITLE<br>Name<br>Street address<br>City-St-Zip   | ,          |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   | ☐ Ch            | ange 🔲 Addition               |  |
| TITLE<br>NAME<br>STREET ADDRESS  |            |  | ☐ Delete   | TITLE NAME STREET ADDRESS             | 74.0                                       |   | ☐ Cha           | ange 🔲 Addition               |  |

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 empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE DAME OF SURVING OFFICER OR DIRECT

Delete

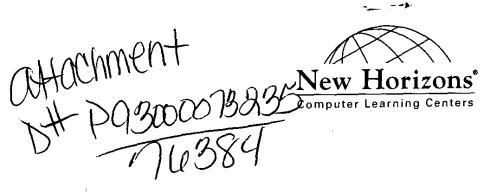
STEVE JONES 1-19-200

3414

Daytime Phone #

Change

☐ Addition



July 10, 2001

To Whom It May Concern:

This is the first request for a new signature from your office. Please note the change in address:

Thank you,

Jennifer Hoffman New Horizons CLC

501 E. Cervantes Street

Pensacola, Fl 32501