

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90328 047 ***158.75

DOCUMENT # **P94000050616** ✓
1. Entity Name
**THE TRAINING & DEVELOPMENT
GROUP, INC.**

DO NOT WRITE IN THIS SPACE

752203

2. Principal Place of Business
ST. PETERSBURG
Suite, Apt. #, etc.

3. Mailing Address
5900 Tanglewood Dr. NE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg FL
Zip
33703 Country
USA

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4. FEI Number
59-3253408

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William L. Fitchpatrick
Street Address (P.O. Box Number is Not Acceptable)
5900 Tanglewood Dr. NE
St. Petersburg FL 33703

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 **William L. Fitchpatrick President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/14/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
NAME
William L. Fitchpatrick
STREET ADDRESS
5900 Tanglewood Dr. NE
CITY-ST-ZIP
ST. PETERSBURG FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
Sec. TREASURER
NAME
KAY D. FITCHPATRICK
STREET ADDRESS
5900 Tanglewood Dr.
CITY-ST-ZIP
ST. PETERSBURG FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William L. Fitchpatrick** **3/14/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William L. Fitchpatrick

CR2E034B (12/01)