## FOR PROFIT CORPORATION Uniform Business Report (UBR)

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

			Scordiary or State	
DOCUMENT # DULLA AND AND AND AND AND AND AND AND AND AN			03-31-2002 90328 047 ***158.75	
1. Entity Name				
THE TRAINING & DEVELOPMENT				
GROUP, II	VC.			
GROOF, EIVET			 	
do not write in this space			752203	
2. Principal Place of Business .	3. Mailing Address			
ST. PETERSBURG 5900 Tanglewood Driv			UE -	
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
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City & State	City & State	m El	4. FEI Number	Applied For
ST, Potensburg LL	STPetersbui	79 /	59-3253408	Not Applicable
33703 Country 5 A	33703	J'S A		88.75 Additional see Required
7,0,0	0 3 2 3 3	1	7. Name and Address of Current Registered	
		Name		
DO NOT WRITE Street Address (F			AM L. FITCHDATRICK	
50/10			P.O. Box Number is Not Acceptable)	NE
IN THIS SPACE				
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		31.10	teusburg FL	33703
8. The above named entity submits this statement for	the purpose of changing its registe			
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SIGNATURE DO COM 25	The satach	sociolo.	L	14/02-
Signature, typed or printed name of registered agent an	d title if an ficable. (NOTE: Registe	red Agent signature required	(when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible	January 1 - May 1	Fee ls \$150.00		
Tax filing requirement and elects to do so.  After May 1, Fee Is \$550.00 Amended UBR Is \$61.25			10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
(See criteria on back)	Make Check Payable to			Added to Fees
11. OFFICERS AND D	RECTORS			
MLE PRESIDENT	H	TLE.		CR2E034B (12/01)
NAME WILLIAM L. FITCE	HDATRICK N	ME		[12]
STREET ADDRESS 5900 Tanglewood	Of Dr. NE S	REET ADDRESS		<b>₽</b>
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			-110.07(N/) 51 11 C1 11 C1 11 C1	in the state of the second
<ol> <li>I hereby certify that the information supplied with the indicated on this report or supplemental report is to</li> </ol>	his filing does not qualify for the ex rue and accurate and that my sign	emption stated in Se ature shall have the	ction 119.07(3)(i), Florida Statutes. I further certif same legal effect as if made under oath: that I am	y that the information i 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.				
State interior and address, what an other like emportered.				
SIGNATURE: Willeding + 4/4/102 /2752740/5				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone				
William L. Fitchpatrick				