

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90002 049 ***150.00

DOCUMENT # P95000041055

1. Entity Name

COMMUNICATION TRAINING SYSTEMS, INC.

Principal Place of Business

**125 DELMAR STREET
 MELBOURNE BEACH FL 32951**

Mailing Address

**125 DELMAR STREET
 MELBOURNE BEACH FL 32951**

2. Principal Place of Business

304 BEVERLY CT.

3. Mailing Address

304 BEVERLY CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH FL

City & State

MELBOURNE BEACH FL

Zip

32951-3543

Country

USA

Zip

32951-3543

Country

USA

4. FEI Number

59-3326868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DONOVAN, DEON P
 125 DELMAR STREET
 MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name
DEON P. DONOVAN
 Street Address (P.O. Box Number is Not Acceptable)
304 BEVERLY CT.
 City
MELBOURNE BEACH FL Zip Code
32951-3543

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 Deon P. Donovan **DEON P. DONOVAN** PRESIDENT **3-11-02**
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DONOVAN, PATRICK W 125 DELMAR STREET MELBOURNE BEACH FL 32951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DONOVAN, DEON P 125 DELMAR STREET MELBOURNE BEACH FL 32951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOVAN PATRICK W. 304 BEVERLY CT. MELBOURNE BEACH FL 32951-3543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS. DONOVAN DEON P. 304 BEVERLY CT. MELBOURNE BEACH FL 32951-3543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Deon P. Donovan **DEON P. DONOVAN** 3/11/02 728-4244
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)