

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041886

1. Entity Name
TRAINING TECHNOLOGIES, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90001 012 ***550.00

0389137

Principal Place of Business Mailing Address
9519 MARINERS COVE LANE 9519 MARINERS COVE LANE
FORT MYERS FL 33919 FORT MYERS FL 33919

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0671567 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KULL, ROBERT F CPA
15477 BRIAR RIDGE CIRCLE
FT. MYERS FL 33912

Name ROBIN F. KULL CPA
Street Address (P.O. Box Number is Not Acceptable)
15477 BRIAR RIDGE CIRCLE
City FT. MYERS FL Zip Code 33912

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 Robert F. Kull, CPA ROBIN F. KULL, CPA 6/27/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| DUGAN, KAREN L 9519 MARINERS COVE LANE FORT MYERS FL 33919 | |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen L Dugan 8/31/01 941-482-8547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)