2000 UNIFORM BUSINESS REPORT (UBR)

address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

DOCUMENT # **P96000084576** Apr 17, 2000 8:00 am Secretary of State COMCAR TRAINING SERVICES, INC. 04-17-2000 90033 038 ***150.00 Principal Place of Business Mailing Address 502 E BRIDGERS AVE 502 E BRIDGERS AVE AUBURNDALE FL 33823-3721 AUBURNDALE FL 33823 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3497814 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition ☐ Delete TITLE TITLE **BOSTICK, GUY** NAME STREET ADDRESS 502 E BRIDGERS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL 33823 ☐ Addition ☐ Change TITLE ☐ Delete TITLE BOSTICK, R MARK NAME NAME STREET ADDRESS **502 E BRIDGERS AVE** STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP AUBURNDALE FL ☐ Addition **VPDT** ☐ Change ☐ Delete THILE TITLE JACOBS, MILTON E NAME NAME STREET ADDRESS STREET ADDRESS 502 E BRIDGERS AVE CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL ☐ Addition Change **VPS** ☐ Delete TITLE TITLE NAME READY, BILLY R NAME STREET ADDRESS STREET ADDRESS 502 E BRIDGERS AVE. CITY-ST-ZiP CITY-ST-ZIP AUBURNDALE FL 33823 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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