

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000084576

FILED
Jun 19, 2002 8:00 AM
Secretary of State

Entity Name: COMCAR TRAINING SERVICES, INC.

Current Principal Place of Business:

502 E BRIDGERS AVE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

502 E BRIDGERS AVE
AUBURNDALE, FL 33823

New Mailing Address:

P.O. DRAWER 67
AUBURNDALE, FL 33823

FEI Number: 59-3497814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOSTICK, GUY
Address: 502 E BRIDGERS AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: PD () Delete
Name: BOSTICK, R MARK
Address: 502 E BRIDGERS AVE
City-St-Zip: AUBURNDALE, FL

Title: VPDT (X) Delete
Name: JACOBS, MILTON E
Address: 502 E BRIDGERS AVE
City-St-Zip: AUBURNDALE, FL

Title: VPS (X) Delete
Name: READY, BILLY R
Address: 502 E BRIDGERS AVE
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOSTICK, R. MARK
Address: 502 E BRIDGERS AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: TSD (X) Change () Addition
Name: JACOBS, MILTON E
Address: 502 E BRIDGERS AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON E. JACOBS

TSD

06/19/2002

Electronic Signature of Signing Officer or Director

Date