

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90006 025 ***150.00

DOCUMENT # P97000010083

1. Entity Name

PERFORMANCE TRAINING INSTITUTE, INC.

Principal Place of Business

24945 U.S. HWY 19 N.
 CLEARWATER FL 33763
 US

Mailing Address

3004 WEST HAWTHORNE
 TAMPA FL 33611
 US

2. Principal Place of Business

2385 Tampa Road

Suite, Apt. #, etc.

Suite 1+2

City & State

Palm Harbor FL

Zip

34683

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

89-3439502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VERDI, VINCENT

3004 WEST HAWTHORNE ROAD

TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Vincent A. Verdi, President

1/7/02

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 VT
 NAME SCHILLER-VERDI, DAWN
 STREET ADDRESS 3004 WEST HAWTHORNE ROAD
 CITY-ST-ZIP TAMPA FL 33611 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VINCENT A. VERDI
 NAME PRESIDENT
 STREET ADDRESS 3004 WEST HAWTHORNE ROAD
 CITY-ST-ZIP TAMPA FL 33611 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

VINCENT A. VERDI, PRESIDENT

Date

Date/Time Phone #

CR2E034 (9/01)