## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000055609

1. Entity Name

## INTERACTIVE TRAINING TECHNOLOGY INCORPORATED

2550 26TH STREET W. BRADENTON FL 34205

Principal Place of Business

Mailir g Address

2550 26TH STREET W. BRADENTON FL 34205-2953

## FILED Mar 20, 2000 8:00 am Secretary of State

03-20-2000 90115 041 \*\*\*150.00

NOT APPLICABLE   Not Applicable   Not Applicable   Not Applicable   Sa.75 Additional Fee Required   Sa.75 Additional Fee Req					1 7881/007 178 (01) 1801/ 021/ 021/ 021/ 021/ 021/ 021/ 01/ 01/ 01/ 01/ 01/ 01/ 02/	
City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Requir	2. Principal Place of Business		3. Mailing Address			
NOT APPLICABLE   Not Applicable   Not Applicable   Not Applicable   Sa.75 Additional Fee Required   Sa.75 Additional Fee Req	Suite, Apt. #, etc		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  REINEMEYER, JACK 2550 26TH STREET W. BRADENTON FL 34205  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  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)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  RAME  PD  REINEMEYER, SUSAN	City & State		City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
REINEMEYER, JACK 2550 26TH STREET W. BRADENTON FL 34205  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 Signature, typed or printed name of registered agent and title if applicable.  Phile NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE PD REINEMEYER, SUSAN	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
REINEMEYER, JACK 2550 26TH STREET W. BRADENTON FL 34205  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  Signature, typed or printed name of registered agent and title if applicable.  NOTE Registered Agent signature required when renstating)  PATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  TILE  PD  NAME  REINEMEYER, SUSAN  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  10. Election Campaign Financing Trust Fund Contribution  After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  TILE  PD  Change  Change	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
2550 26TH STREET W. BRADENTON FL 34205  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  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)  TILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE PD  NAME  REINEMEYER, SUSAN	2550 26TH STREET W.			Name	•	
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    Signature, typed or printed name of registered agent and title if applicable.				Street Address	s (P.O. Box Number is Not Acceptable)	
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE				City	FL Zip Code	
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE PD  NAME REINEMEYER, SUSAN  After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution  Added to Fe  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  Change Added to Fee  TITLE  NAME	SIGNATURE					
TITLE PD Delete TITLE Change NAME REINEMEYER, SUSAN NAME	Tax filing requirement and elects to do so. After MAY 1, 2000 Fee			0 Fee will be \$550.00	Trust Fund Contribution Added to Fees	
NAME REINEMEYER, SUSAN NAME	11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
CITY-ST-ZIP BRADENTON FL 34205	NAME STREET ADDRESS	REINEMEYER, SUSAN 2550 26TH STREET W.	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
	NAME STREET ADDRESS	STD REINEMEYER, JACK 2550 26TH STREET W.		NAME STREET ADDRESS	☐ Change ☐ Addition	
	name Street address	V TRENT, TODD 2550 26TH STREET W.	□ De¹ete	NAME STREET ADDRESS	☐ Change ☐ Addition	
TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  De'ete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	NAME STREET ADDRESS		☐ Oe ete	NAME STREET ADDRESS	☐ Change ☐ Addition	
TITLE         De'ete         TITLE         Change         A           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP	NAME STREET ADDRESS	·	☐ De'ete	NAME STREET ADDRESS	☐ Change ☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  13. I hereby certify that the information supplied with this filing does not cualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not cualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not cualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not cualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or direction of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or direction of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or direction of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or direction of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or direction of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or direction of the exemption stated in Section 119.07(3)(ii) for the exemption stated in Section 119.07(3)(iii) for the exemption stated in Section 119.07(3)(iii) for the exemption stated in Section 119.07(3)(iiii) for the exemption stated in Section 119.07(3)(	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #