

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90148 003 \*\*\*150.00

**DOCUMENT # P97000078204**

**1. Entity Name**  
**INTERNATIONAL DISASTER TRAINING, INC.**



**Principal Place of Business**  
**1345 SAWGRASS CT**  
**WINTER PARK FL 32792**

**Mailing Address**  
**1345 SAWGRASS CT**  
**WINTER PARK FL 32792**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **NOT APPLICABLE**

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**

**HARRIS, JOHN M**  
**509 PALM AVE**  
**TITUSVILLE FL 32796**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **LEGG, CYNTHIA A**  
**STREET ADDRESS** **365 BERKELEY ST**  
**CITY-ST-ZIP** **SATELLITE BEACH FL 32937**

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

**TITLE** **D** ☐ Delete  
**NAME** **KINCAID, J P**  
**STREET ADDRESS** **1345 SAWGRASS CT**  
**CITY-ST-ZIP** **WINTER PARK FL 32792**

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

**TITLE** **D** ☐ Delete  
**NAME** **KINCAID, CALLIOPI D**  
**STREET ADDRESS** **1345 SAWGRASS CT**  
**CITY-ST-ZIP** **WINTER PARK FL 32792**

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

**TITLE** **D** ☐ Delete  
**NAME** **DEMARS, JULIE**  
**STREET ADDRESS** **2 FRANKLIN COURT**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32301**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **2834 Crest Rd**  
**CITY-ST-ZIP** **Philadelphia PA 19026**

**TITLE** **D** ☐ Delete  
**NAME** **KELLY, DAVID**  
**STREET ADDRESS** **6033 N SHERIDAN RD, APT #28-D**  
**CITY-ST-ZIP** **CHICAGO FL 60660**

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

**TITLE** **D** ☐ Delete  
**NAME** **MONTES-DE-OCA, FRANK**  
**STREET ADDRESS** **2639 LEGACY VILLAS DRIVE**  
**CITY-ST-ZIP** **MAITLAND FL 32751**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.**

**SIGNATURE:**

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/03**

Date

**407.882.1330**

Daytime Phone #

CR2E034 (10/02)