

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007066

1. Entity Name

OPERATOR TRAINING INSTITUTE, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90068 034 ***150.00

00041234



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

13302 LARAWAY DR
RIVERVIEW FL 33569

13302 LARAWAY DR
RIVERVIEW FL 33569

2. Principal Place of Business

708 KINGSTON COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State

Apolla Beach FL

City & State

4. FEI Number

65-0811391

Applied For

Not Applicable

Zip

33572

Country

USA

Zip

Country

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

SADLER, STUART
13302 LARAWAY DR
RIVERVIEW FL 33569

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

S. Sadler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

20 APRIL 2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SADLER, STUART
CITY-ST-ZIP 13302 LARAWAY DR
RIVERVIEW FL 33569

TITLE ☒ Change ☐ Addition
NAME P Sadler Stuart
STREET ADDRESS 708 Kingston Court
CITY-ST-ZIP Apolla Beach FL 33572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

S. Sadler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 APRIL 2000 (815) 641-7302

Date

Daytime Phone #

CR2E034 (9/99)