

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90018 039 ***150.00

DOCUMENT # P98000012923

1. Entity Name

NATIONAL INSTITUTE OF TRAINING AND HUMAN DEVELOP

Principal Place of Business

7633 ROTTINGHAM RD.
 PORT RICHEY FL 34668

Mailing Address

7633 ROTTINGHAM RD.
 PORT RICHEY FL 34668-2649

C0077126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3315 Chauncy Rd.
 Suite, Apt. #, etc.

3. Mailing Address

3315 Chauncy Rd.
 Suite, Apt. #, etc.

City & State

Holiday, FL

City & State

Holiday, FL

4. FEI Number

59-3490540

Applied For

Not Applicable

Zip

34691

Country

Pasco

Zip

34691

Country

Pasco

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COLLIER, JAMES H SR.
 1102 FUCHSIA DR.
 HOLIDAY FL FL346-91

7. Name and Address of New Registered Agent

Name

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

7421 Bent Oak Dr.

Port Richey

FL

Zip Code 34667

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

1-31-2000

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

TITLE ☐ Delete
 NAME P
 STREET ADDRESS BOUTWELL, RANDY
 CITY-ST-ZIP 7633 ROTTINGHAM RD
 PROT RICHEY FL 34668

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME P
 STREET ADDRESS Boutwell, Randy
 CITY-ST-ZIP 3315 Chauncy Rd.
 Holiday, FL 34691

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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

Randy Boutwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 934-6665