2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9900001795 DOCUMENT # 1. Entity Name

FILED Jan 10, 2003 8:00 am Secretary of State

TRAININ	IG TRACKS, INC.			01-10-2003 900	079 038 ***13	0.00	
36981 3RD	ace of Business ST NT FL 33438	Mailing Address P.O. BOX 3545 CANAL POINT FŁ 33438)i ab iji sa jai kibij konj	I (818) 891 (88)	
2. Principal	Place of Business	3. Mailing Address 35	54				
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State City & State		City & State		4. FEI Number 65-0884168 Applied For			
Zip	- Country -	- Zip	Country	5. Certificate of Status Desired	\$8.75 Ac	lot Applicable Iditional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regis	Fee Requir	ea	
			Name	The state of the s	ered Agent		
BROADBENT, DAVID G 36981 3RD ST			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
CANAL P	OINT FL 33438						
	·		City		FL Zip Coo		
8. The above the obligation	e named entity submits this statement for ations of registered agent.	the purpose of changing its regi	stered office or regist	ered agent, or both, in the State of Florida.	I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTF: Ben	istered Agent signature requir	od ubo piputio)		 ::	
	FILE NOW!!! FEE IS \$150.00	(Note: neg	alored Agent signature requir	ed when reinstating)	DATE		
ي Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		 Election Campaign Financir Trust Fund Contribution. 		0 May Be d to Fees	
10. ·	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 11	
NAME STREET ADDRESS	P BRADBEAT, PAULETTE P.O. BOX 354	Correction	TITLE NAME REETADD ESS	nadbent Paulette	Change	☐ Addition	
CITY-ST-ZIP	CANAL POINT FL 33438		CITY-ST-ZIP	mal Point, F 3343	8	_	
TITLE NAME			TITLE	,	☐ Change	Addition	
STREET ADDRESS			NAME Street address				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		Change	Addition	
NAME			NAME		Change	☐ Addi(IOII	
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12. I hereby certify that the information supplied with this filling 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 supplier ental 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 by custee empowered to execute his 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 an powered.

SIGNATURE: