2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an atta

SIGNATURE

FILED DOCUMENT # P99000018462 Apr 12, 2000 8:00 am Secretary of State SECURITIES AND DERIVATIVES TRAINING CORPORATION 04-12-2000 90176 018 ***150.00 Principal Place of Business Mailing Address 11574 MURRAY AVE. 11574 MURRAY AVE. LARGO FL 33778-2912 LARGO FL 33778-2912 2. Principal Place of Business 8687 Pelice Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FORSTER FORSTER, HUGO Street Address (P.O. Box Number is Not Acceptable) 11574 MURRAY AVE. LARGO FL 33778-2912 LICAN 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 (NOTE: Registered Agent signature required when reinstating Signature, typed or pr 9. This corporation is eligible FILE NOW!!! FEE IS \$150.00 satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME FORSTER, HUGO SLZMN CT STREET ADDRESS STREET ADDRESS 11574 MURRAY AVE. CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33778-2912 ☐ Addition Delete TITLE TITLE NAME NAME FORSTER, DENISE STREET ADDRESS STREET ADDRESS 11574 MURRAY AVE. C!TY-ST-ZIP CITY-ST-ZIP LARGO FL 33778-2912 Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppowered.

F SIGNING OFFICER OR DIRECTOR