

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019642

1. Entity Name

MOBILE TECH TRAINING, INC.

Principal Place of Business

13700 WOODLAND DRIVE
ASTATULA FL 34705

Mailing Address

13700 WOODLAND DRIVE
ASTATULA FL 34705-9674

2. Principal Place of Business

1090 Trowbridge Ct.

Suite, Apt. #, etc.

3. Mailing Address

1090 Trowbridge Ct.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood FL

Zip

32750

Country

US

Zip

32750

Country

US

4. FEI Number

59-3560585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANE, STEVEN H
1061 MAITLAND CENTER COMMONS
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name Kane, Steven H.
Street Address (P.O. Box Number is Not Acceptable)
557 N Nymore Rd
Suite 100
City Maitland FL Zip Code 32751

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

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	PD	<input type="checkbox"/> Delete
NAME	BICKFORD, DANIEL A	
STREET ADDRESS	13700 WOODLAND DRIVE	
CITY-ST-ZIP	ASTATULA FL 34705	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ST. PIERRE, JACQUELINE	
STREET ADDRESS	1090 TROWBRIDGE COURT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bickford, Daniel A.	
STREET ADDRESS	1090 Trowbridge Ct.	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacquie Bickford	
STREET ADDRESS	1090 Trowbridge Ct.	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90038 030 ***150.00

110000411



DO NOT WRITE IN THIS SPACE

2/29/00

407-531-7252