

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90175 030 \*\*\*150.00

**DOCUMENT # P99000023383**

1. Entity Name  
**WAREHOUSE TRAINING GROUP, INC.**



Principal Place of Business  
**306 E. BULLARD PKWY., STE B  
TEMPLE TERRACE FL 33617**

Mailing Address  
**PO BOX 290557  
TAMPA FL 33687-0557**



2. Principal Place of Business  
**13540 N. FLORIDA AVE.**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 104**

Suite, Apt. #, etc.

City & State  
**TAMPA, FL**

City & State

4. FEI Number **59-3563739**

Applied For  
Not Applicable

Zip  
**33613-3209**

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

**SOTO, ROBERTO  
306 E. BULLARD PKWY., STE B  
TEMPLE TERRACE FL 33617**

Name  
**SOTO, ROBERTO**

Street Address (P.O. Box Number is Not Acceptable)  
**13540 N. FLORIDA AVE.**

**SUITE 104**

City  
**TAMPA**

FL

Zip Code  
**33613-3209**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERTO SOTO, PRESIDENT**

**4-28-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SOTO, ROBERTO 306 E. BULLARD PKWY., STE B TEMPLE TERRACE FL 33617</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DAVILA, ADA I 306 E BULLARD PKWY STE B TMPLT TERRACE FL 33617</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SOTO, ROBERTO 13540 N. FLORIDA AVE., SUITE 104 TAMPA, FL 33613-3209</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DAVILA, ADA I. 13540 N. FLORIDA AVE, SUITE 104 TAMPA, FL 33613-3209</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED DADA I. DAVILA**

**4-29-03**

**813-960-9556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)