

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90083 014 ***158.75

DOCUMENT # P99000026334

1. Entity Name

PC TRAINING N.A., INC.

Principal Place of Business

Mailing Address

N. EDISON ST.
VA 22203

223 N. EDISON ST.
ARLINGTON VA 22203-1218

2. Principal Place of Business

3856 Orange Lk. Dr.
Suite, Apt. #, etc.

3. Mailing Address

3856 Orange Lk. Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

582-46-2057

Applied For

Not Applicable

Zip

32817 USA

Zip

32817

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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)

X

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.

X

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D
KAUFFMAN, JOHN
223 N. EDISON ST.
ARLINGTON VA 22203

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KAUFFMAN, JOHN
3856 Orange Lk. Dr.
Orlando FL 32817

☒ Change ☐ Addition

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 I am empowered.

SIGNATURE:

John Kaufman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Kaufman 12 Feb'00

CR2E034 (9/99)