

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000060281**

1. Entity Name

AUXILIARY TRAINED SERVICES, INC.**FILED****Jun 09, 2000 8:00 am**
Secretary of State

06-09-2000 90012 036 ***150.00

Principal Place of Business

1605 MAIN STREET SUITE 1001
SARASOTA FL 34236

Mailing Address

1605 MAIN STREET SUITE 1001
SARASOTA FL 34236-5861

2. Principal Place of Business

41048 LAS PALMAS WAY
Suite, Apt. #, etc.

3. Mailing Address

7048 LAS PALMAS WAY
Suite, Apt. #, etc.

City & State

SARASOTA, FL 34238

City & State

SARASOTA, FL

4. FEI Number

65-0934230

Applied For

Not Applicable

Zip

34238

Country

Zip

34238

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A
1605 MAIN STREET SUITE 1001
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

LANDERS, RUTH
Street Address (P.O. Box Number is Not Acceptable)**4048 LAS PALMAS WAY**

City

SARASOTA**FL**

Zip Code

34238

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

PRESIDENT**6/2/00**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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	LANDERS, RUTH
STREET ADDRESS	1605 MAIN STREET SUITE 1001
CITY-ST-ZIP	SARASOTA FL 34236
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landers, Ruth
STREET ADDRESS	4048 LAS PALMAS WAY
CITY-ST-ZIP	SARASOTA, FL 34238
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	
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

6/2/00
Date**941 923-1772**
Daytime Phone #