

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

MAJOR70  
AV

04-10-2003 90060 040 \*\*\*150.00

**DOCUMENT # P99000072926**



1. Entity Name  
**THE TAMPA BAY TRAINING CENTER, INC.**

Principal Place of Business <b>11550 INNFIELDS DRIVE ODESSA FL 33556 US</b>	Mailing Address <b>PO BOX 17445 CLEARWATER FL 33762 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3604583** Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**DIVITO, JOSEPH A ESQ.  
DIVITO & HIGHAM, P.A.  
4514 CENTRAL AVENUE  
ST. PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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 \_\_\_\_\_ (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

TITLE	<input type="checkbox"/> Delete
NAME	<b>P MAGRAY, CINDY</b>
STREET ADDRESS	<b>11550 INNFIELDS DRIVE</b>
CITY-ST-ZIP	<b>ODESSA FL 33556</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>V MAGRAY, ROBERT</b>
STREET ADDRESS	<b>11550 INNFIELDS DRIVE</b>
CITY-ST-ZIP	<b>ODESSA FL 33556</b>
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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: *CINDY MAGRAY* SIGNATURE REQUIRED *Cindy Magray* 4/3/2003/482-5939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)