

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100888

1. Entity Name

FULL-CIRCLE TRAINING & CONSULTING, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90215 034 ***150.00

Principal Place of Business

49 DOUGLAS #22
HOMOSASSA FL 34446

Mailing Address

49 DOUGLAS #22
HOMOSASSA FL 34446

2. Principal Place of Business

3. Mailing Address

7664 W. Miss Maggie Dr.
Suite, Apt. #, etc.

7664 W. Miss Maggie Dr.
Suite, Apt. #, etc.

City & State

Homosassa FL

City & State

Homosassa, FL

4. FEI Number

59-3606085

Applied For

Not Applicable

Zip

Country

34448

USA

Zip

Country

34448

USA

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

BARRY, MARY SUE
49 DOUGLAS #22
HOMOSASSA FL 34446

Name

Mary Sue Barry

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

7664 W. Miss Maggie Drive

City

Homosassa

FL

Zip Code

34448

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

Mary Sue Barry

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRY, MARY SUE	
STREET ADDRESS	49 DOUGLAS #22	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry, Mary Sue	
STREET ADDRESS	7664 W. Miss Maggie Dr.	
CITY-ST-ZIP	Homosassa, FL 34448	
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:

Mary Sue Barry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-01 352-380-5697

CR2E034 (10/00)