

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90072 015 ***150.00

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DOCUMENT # P99000100992

1. Entity Name

F. G. TRAINING PROGRAM, INC.

Principal Place of Business

1031 W. MORSE BLVD., SUITE 270 160
 WINTER PARK FL 32789

Mailing Address

1031 W. MORSE BLVD., SUITE 270-160
 WINTER PARK FL 32789

528937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 160

Suite 160

City & State

City & State

4. FEI Number **59-3611700**

Applied For

Not Applicable

Zip

Country

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

HADLEY, RALPH V III
 1031 W. MORSE BLVD., SUITE 270 160
 WINTER PARK FL 32789

Name

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

Suite 160

City

FL

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.

SIGNATURE

April 5, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Ralph V. Hadley, III Registered Agent

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 **PD** Delete
 NAME **GUANI, FILIPPO**
 STREET ADDRESS **1031 W. MORSE BLVD., SUITE 270 160**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME **Suite 160**
 STREET ADDRESS **Suite 160**
 CITY-ST-ZIP **Suite 160**

TITLE **VD** Delete
 NAME **KLEIN, TRACEY**
 STREET ADDRESS **1031 W. MORSE BLVD., SUITE 270 160**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME **Tracy Klein**
 STREET ADDRESS **Suite 160**
 CITY-ST-ZIP **Suite 160**

TITLE **SD** Delete
 NAME **GUANI, SANTINA**
 STREET ADDRESS **1031 W. MORSE BLVD., SUITE 270 160**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME **Suite 160**
 STREET ADDRESS **Suite 160**
 CITY-ST-ZIP **Suite 160**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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:

Tracy Klein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2001 407-699-7090

Date Daytime Phone #

Tracy Klein - Vice President/Director

CR2E034 (10/00)