

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90852 039 ***150.00

DOCUMENT # P99000103502

1. Entity Name

CORPORATE TRAINING SPECIALISTS, INC.

Principal Place of Business

**2692 ENTERPRISE RD. E. #2103
 CLEARWATER FL 33759**

Mailing Address

**2692 ENTERPRISE RD. E. #2103
 CLEARWATER FL 33759**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3260 LATANA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3260 LATANA DRIVE

Suite, Apt. #, etc.

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

4. FEI Number

59-3610232

Applied For

Not Applicable

Zip

34684

Country

USA

Zip

34684

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FOUST, SCOTT PERRY

**2692 ENTERPRISE RD. E. #2103
 CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name **FOUST, SCOTT PERRY**

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

3260 LATANA DRIVE

City **PALM HARBOR**

FL

Zip Code

34684

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

4/11/02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **FOUST, SCOTT**
 STREET ADDRESS **2692 ENTERPRISE RD E #2103**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **FOUST, SCOTT**
 STREET ADDRESS **3260 LATANA DRIVE**
 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

4/11/02

Date

727-644-6080

Daytime Phone #

CR2E034 (9/01)