

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # S92584	
1. Entity Name	
SYSTEMS TECHNICAL TRAINING & RESEARCH CORP, INC.	

FILED

09 MAY 22 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800156315448
05/22/09--01010--014 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5025 ONEIDA TRAIL		3. Mailing Address 5025 ONEIDA TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MILTON, FL		City & State MILTON, FL	
Zip 32583	Country	Zip 32583	Country

DO NOT WRITE IN THIS SPACE

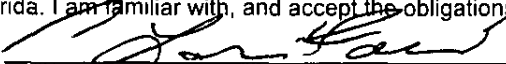
4. FEI Number 59-3094466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Clamar Farris
Street Address (P.O. Box Number is Not Acceptable) 5025 Oneida Trail
City Milton
State FL
Zip Code 32583

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 
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE V	NAME FARRIS C. LAMAR	TITLE	
STREET ADDRESS 5025 ONEIDA TRAIL	CITY-ST-ZIP MILTON, FL 32583	STREET ADDRESS	
TITLE PCD	NAME FARRIS, MARY P.	TITLE	
STREET ADDRESS 5025 ONEIDA TRAIL	CITY-ST-ZIP MILTON, FL 32583	STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**