

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000031505

**Entity Name:** SELECTIVE COLLEGE CONSULTING, INC.

**Current Principal Place of Business:**

5809 S. 2ND STREET  
TAMPA, FL 33611

**FILED**  
**Mar 21, 2014**  
**Secretary of State**  
**CC1272417647**

**Current Mailing Address:**

5809 S. 2ND STREET  
TAMPA, FL 33611

**FEI Number: 46-2476899**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEVINE, ROBERT A  
5809 S. 2ND STREET  
TAMPA, FL 33611 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	LEVINE, ROBERT A	Name	LEVINE, ANGELA G
Address	5809 S. 2ND STREET	Address	5809 S. 2ND STREET
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	TAMPA FL 33611

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT A. LEVINE**

**PRESIDENT**

**03/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date