## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F01000006503

PRESHA, AUBREY

PO BOX 582

PALMETTO, FL

Name:

Address: City-St-Zip:

Entity Name: NOMAD ACADEMIC & TUTORING CENTER, INC.

FILED Apr 28, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5515 US HWY 19N 2017 CANAL DRIVE N-27 PALMETTO, FL 34207 BRADENTON, FL 34207 **Current Mailing Address: New Mailing Address:** 2017 CANAL DRIVE N-27 BRADENTON, FL 34207 FEI Number: 52-2031625 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROPER, MORRELL ROPER, MORRELL 5515 US HWY 19N 2017 CÁNAL DRIVE N-27 PALMETTO, FL 34221 US US BRADENTON, FL 34207 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: MORRELL ROPER 04/28/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROPER, MORRELL Name: Name: 2017 CANAL DRIVE N-27 Address: Address: City-St-Zip: BRADENTON, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: GALLEGLOS, JAMES Name: 2900 50TH AVE WEST #13 Address: Address: BRADENTON, FL City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition MITCHELL, PATRICIA Name: Name: 2313 6TH AVE DRIVE E. Address: Address: City-St-Zip: BRADENTON, FL City-St-Zip: Title: CD ( ) Delete Title: () Change () Addition ROPER, LEO J Name: Name: Address: 2017 CANAL DRIVE N-27 Address: City-St-Zip: City-St-Zip: BRADENTON, FL Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MORRELL ROPER PRES 04/28/2003