2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46032

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90023 030 ****61.25

1. Entity Name

HI-TECH TUTORING CENTER, INC.

Principal Place of Business	Mailing Address
4554 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839	PO BOX 555661 ORLANDO FL 32855-5661 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3092747 ☐ Applied For ☐ Not Applicable

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
MOSLEY, ERNESTINE D 4554 S. ORANGE BLOSSOM TRAIL #72 ORLANDO FL 32839	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD ALI, MALIK POST OFICE BOX 10000 N/A ORLANDO FL 32830-1000	☒ Delete	PCD John D. Ellis, Jr.,Pres./Chairman 105 E. Robinson St., Ste. 500 Orlando, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD ANTON, BRUCE POST OFFICE BOX 1031 N/A ORLANDO FL 32802	☒ Delete	VCD Lisa Early, Vice Pres/Vice Chairman Howard Phillips Ctr. For Children Orlando, FL 32819	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEMPER, JOHN 1746 ALVARADO COURT LONGWOOD FL 32779	☒ Delete	Sec./Treas. Alice Leach 4572 S. Orange Blossom Tr., #72 Orlando, FL 32839	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RELVINI, PATRICIA K CPA 200 S. ORANGE AVE, 20TH FLOOR ORLANDO FL 32801	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSLEY, ERNESTINE 1001 S. DOLLINS AVENUE ORLANDO FL 32805	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSLEY, ERNESTINE D 4554 S. ORANGE BLOSSOM TRAIL, #72 ORLANDO FL 32839	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ernestine D. Mosley Ernestine D. Mosley April 25,00 (407)858-0919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #