

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90352 003 ****61.25

DOCUMENT # N97000000194

1. Entity Name

STUDENT TO STUDENT, INC.

Principal Place of Business

Mailing Address

**3010 OVERSEAS HIGHWAY
MARATHON FL 33050**

**3010 OVERSEAS HIGHWAY
MARATHON FL 33050**

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

65-0815114

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

**FRANKLIN D. GREENMAN, P.A.
5800 OVERSEAS HIGHWAY
SUITE 40
MARATHON FL 33050**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	STEURY, NATHAN REV	3010 OVERSEAS HIGHWAY	MARATHON FL 33050	<input checked="" type="checkbox"/> Delete			
D	MORRIS, GERALD	550 122ND ST-OCEAN	MARATHON FL 33050	<input type="checkbox"/> Delete			
D	ROBERTS, DON	325 -122ND ST -GULF	MARATHON FL 33050	<input type="checkbox"/> Delete			
D	FEHSENFELD, BARBARA	308 GALZADA DE BOUGANVILLA	MARATHON FL 33050	<input type="checkbox"/> Delete			
D	HOOVER, DONNA	271 LIME AVE.	MARATHON FL 33050	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01

CR2E037 (10/00)