

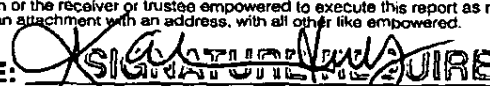


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

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05-05-2003 90381 001 ***150.00

DOCUMENT # P00000001973			
1. Entity Name GET TO-IT & ASSOCIATES, INC.			
Principal Place of Business 5930 SW 61 ST MIAMI FL 33143		Mailing Address 5930 SW 61 ST MIAMI FL 33143	
2. Principal Place of Business 5930 SW 61ST		3. Mailing Address 5930 SW 61ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33143	Country USA	Zip 33143	Country USA
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/25/03 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD CEO President	NAME TUTT, KATHLEEN	TITLE	NAME
STREET ADDRESS 5930 SOUTHWEST 61ST STREET	STREET ADDRESS 5930 SOUTHWEST 61ST STREET	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP SOUTH MIAMI FL 33143	CITY-ST-ZIP SOUTH MIAMI FL 33143	CITY-ST-ZIP	CITY-ST-ZIP
TITLE V.P. Finance	NAME TUTT-MILLS, ETHLYN	TITLE	NAME
STREET ADDRESS 5930 SOUTHWEST 61ST STREET	STREET ADDRESS 5930 SOUTHWEST 61ST STREET	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP SOUTH MIAMI FL 33143	CITY-ST-ZIP SOUTH MIAMI FL 33143	CITY-ST-ZIP	CITY-ST-ZIP
TITLE TUTT-BLONDIE	NAME 5930 SW 61ST	TITLE	NAME
STREET ADDRESS 5930 SW 61ST	STREET ADDRESS Miami FL 33143	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Miami FL 33143	CITY-ST-ZIP Miami FL 33143	CITY-ST-ZIP	CITY-ST-ZIP
TITLE V.P. marketing	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/25/03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)