

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000066008**

1. Entity Name

COMPUTER TRAINING OF MARCO, INC.**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90185 010 ***150.00

Principal Place of Business

**950 N COLLIER STE 419
MARCO ISLAND FL 34145**

Mailing Address

**950 N COLLIER STE 419
MARCO ISLAND FL 34145**

2. Principal Place of Business

1369 Merrimac Ave

Suite, Apt. #, etc.

3. Mailing Address

1369 Merrimac Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marco Island, FL

City & State

Marco Island, FL

4. FEI Number

65-1024535

Applied For

Not Applicable

Zip

Country

34145**USA**

Zip

Country

34145**USA**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HERING, STACY**950 N COLLIER STE 419
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name

Stacy Hering

Street Address (P.O. Box Number is Not Acceptable)

1369 Merrimac Ave

City

Marco Island**FL**

Zip Code

34145

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

Stacy Hering**4/13/01**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HERING, STACY	
STREET ADDRESS	950 N COLLIER STE 419	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hering, Stacy	
STREET ADDRESS	1369 Merrimac Ave	
CITY-ST-ZIP	Marco Island, FL 34145	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stacy Hering**4/13/01****941-389-8803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0401012

CR2E034 (10/00)