

09-12-2003 90090 023 ***150.00

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 16 PM 2:21

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000056008			
1. Entity Name COMPUTER TRAINING OF MARCO, INC.			
Principal Place of Business 1369 MERRIMAC AVE MARCO ISLAND, FL 34145		Mailing Address 1369 MERRIMAC AVE MARCO ISLAND, FL 34145	
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 65-1024535		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent HERING, STACY 1369 MERRIMAC AVE MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Stacy Hering</i>		DATE <i>9/16/03</i>	
Signature, typed or printed name of registered agent not valid if applicable.		Typed Registered Agent Signature required when appointing.	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 I/we empowered.			
SIGNATURE: <i>Stacy Hering</i>		DATE: <i>9/16/03</i> 239-389-8803	
Signature and Title or Print Name of Signing Officer or Director		Date	

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☐ CHECK HERE IF MAKING CHANGES

CDECD4 (10/02)

9/16/03

Attachment

90156577

#P0000066008

Computer Training of Marco, Inc.
1369 Merrimac Ave
Marco Island, FL 34145

September 9, 2003

Division of Corporations
Uniform Business Report
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I have not yet received my Uniform Business Report in the mail. On your website it states the fee is \$150 unless it is filed after May 1st. Since I never received notification I ask that you please waive any penalty. I am enclosing a check for \$150 with the form I downloaded from the website. Thank you in advance.

Sincerely,



Stacy Hering