

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

04-23-2003 90177 007 ***150.00

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

DOCUMENT # P02000001654

1. Entity Name
COMPUTER TUTOR ENTERPRISES, INC



Principal Place of Business
1473 50TH AVE. NE
ST. PETERSBURG, FL 33703-3240

Mailing Address
1473 50TH AVE. NE
ST. PETERSBURG, FL 33703-3240

11009944



2. Principal Place of Business
4006 Water Park Ct.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AS #2

City & State
RIVERVIEW FL

City & State

4. FEI Number
59-3714420

Applied For
Not Applicable

Zip
33569

Country

Zip

Country

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

MAGNANT, MICHAEL F
1473 50TH AVE. NE
ST. PETERSBURG, FL 33703-3240

Name

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

4006 WATER PARK CT

City **RIVERVIEW FL**

Zip Code
33569

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

[Signature]

4/21/03

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

(NOTE: Registered Agent's signature is required when certifying)

DATE

FILE NOW WITH THE SECRETARY OF STATE
TAKES EFFECT 120 DAYS AFTER FILING
MAY BE REVOKED BY THE SECRETARY OF STATE

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	V	☐ Delete
NAME	MAGNANT, PATRICIA A	
STREET ADDRESS	1473 50TH AVE. NE	
CITY-STATE-ZIP	ST. PETERSBURG, FL 337033240	
TITLE	P	☐ Delete
NAME	MAGNANT, MICHAEL F	
STREET ADDRESS	1473 50TH AVE. NE	
CITY-STATE-ZIP	ST. PETERSBURG, FL 337033240	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4006 WATER PARK CT	
CITY-STATE-ZIP	RIVERVIEW FL 33569	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4006 WATER PARK CT	
CITY-STATE-ZIP	RIVERVIEW FL 33569	
TITLE		☐ Change ☒ Addition
NAME	REESE MAGNANT	
STREET ADDRESS	13802 NORTH 42ND ST	
CITY-STATE-ZIP	APT E-103	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	TAMPA FL 33613	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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:

[Signature] M.F. MAGNANT

4/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-417-6196