

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-27-2003 90174 009 ***150.00

2/2

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

DOCUMENT # P02000052836

1. Entity Name
CENTER FOR THERAPY AND LEARNING, INC.



Principal Place of Business
8137 BELLSHIRE DRIVE 3715 Winding Lake Circle
ORLANDO FL 32835

Mailing Address
8137 BELLSHIRE DRIVE 3715 Winding Lake Circle
ORLANDO FL 32835



2. Principal Place of Business
3715 Winding Lake Circle
Suite, Apt. #, etc.

3. Mailing Address
3715 Winding Lake Circle
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL
Zip
32835
Country
USA

City & State
Orlando FL
Zip
32835
Country
USA

4. FEI Number
03-0464021
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EATON, ALBERT C
1516 EAST COLONIAL DRIVE
SUITE 100-E
ORLANDO FL 32803

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 Kathy Woodridge DATE 2/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	TRYON, MILLARD H	8137 BELLSHIRE DRIVE	ORLANDO FL 32835	<input checked="" type="checkbox"/>
D	HOEFLING, MARK	413 OAK HILL DRIVE	ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/>
D	HOEFLING, JUNE	413 OAK HILL DRIVE	ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CEO	Monty Woodridge	3715 Winding Lake Circle	Orlando, FL 32835	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CFO	Kathy Woodridge	3715 Winding Lake Circle	Orlando, FL 32835	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03 (407) 299-7520
Date Daytime Phone #

CR2E034 (10/02)