



FILED
May 27, 2005 8:00 am
Secretary of State

66019572

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|---|---|---|---|---|---|---|---|---|---|---|---|--|
| <div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P04000087385 1. Entity Name LIBERTY TUTORING, INC.</div><div style="text-align: center;"></div></div> | | <div style="display: flex; justify-content: space-between;"><div>04-29-2005 90212 038 ***150.00</div><div>66019572</div></div> <div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between;"><div>04042005</div><div>Chg-P</div><div>CR2E034 (10/03)</div></div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 20-124878</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div> | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 603 CYPRESS WAY EAST NAPLES, FL 34110</div><div>Mailing Address 603 CYPRESS WAY EAST NAPLES, FL 34110</div></div> | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>2. Principal Place of Business</div><div>3. Mailing Address</div></div> <div style="display: flex; justify-content: space-between;"><div>Suite, Apt. #, etc.</div><div>Suite, Apt. #, etc.</div></div> <div style="display: flex; justify-content: space-between;"><div>City & State</div><div>City & State</div></div> <div style="display: flex; justify-content: space-between;"><div>Zip</div><div>Country</div><div>Zip</div><div>Country</div></div> | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>6. Name and Address of Current Registered Agent BAZLEY, CHRISTINE W 603 CYPRESS WAY EAST NAPLES, FL 34110</div><div>7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"><div>FL</div><div>Zip Code</div></div></div></div> | | | | | | | | | | | | |
| <div>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.</div> <div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div> | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div></div> | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>10. OFFICERS AND DIRECTORS</div><div>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</div></div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div>PS BAZLEY, CHRISTINE W 603 CYPRESS WAY EAST NAPLES, FL 34110</div><div><input type="checkbox"/> Delete</div></div></td><td style="width:50%; vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div></td></tr><tr><td style="vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Delete</div></div></td><td style="vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div></td></tr><tr><td style="vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Delete</div></div></td><td style="vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div></td></tr><tr><td style="vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Delete</div></div></td><td style="vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div></td></tr><tr><td style="vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Delete</div></div></td><td style="vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div></td></tr></table> | | <div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div>PS BAZLEY, CHRISTINE W 603 CYPRESS WAY EAST NAPLES, FL 34110</div><div><input type="checkbox"/> Delete</div></div> | <div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div> | <div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Delete</div></div> | <div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div> | <div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Delete</div></div> | <div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div> | <div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Delete</div></div> | <div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div> | <div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Delete</div></div> | <div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div> | |
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| <div>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.</div> <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: Christine W. Bazley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div>4/22/05 239-514-8600 <small>Date Daytime Phone</small></div></div> | | | | | | | | | | | | |