

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90140 003 \*\*\*150.00

**DOCUMENT # P93000073235**

1. Entity Name  
**COMPU-TRAIN EDUCATIONAL SERVICES INC.**

(24)

Principal Place of Business

**31 W GARDEN ST.  
 STE. 200  
 PENSACOLA FL 32501  
 US**

Mailing Address

**31 W GARDEN ST.  
 SUITE 200  
 PENSACOLA FL 32501  
 US**



2. Principal Place of Business

**501 S. Cervantes St.**  
 Suite, Apt. #, etc.

3. Mailing Address

**501 S. Cervantes St.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Pensacola FL**

City & State

**Pensacola FL**

4. FEI Number

**59-3213485**

Applied For

Not Applicable

Zip

**32501**

Country

**Scambr**

Zip

**32501**

Country

**Scambr**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JONES, STEVE  
 5600 GRANDE LAGOON CT  
 PENSACOLA FL 32507**

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.

SIGNATURE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, STEVE</b>	
STREET ADDRESS	<b>5600 GRANDE LAGOON CT</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>VPSD</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, PAGE C</b>	
STREET ADDRESS	<b>5600 GRANDE LAGOON CT</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVE JONES 1-19-2001**

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

DH PA3000073835  
176384



**New Horizons®**  
Computer Learning Centers

July 10, 2001

To Whom It May Concern:

This is the first request for a new signature from your office. Please note the change in address:

Thank you,

Jennifer Hoffman  
New Horizons CLC  
501 E. Cervantes Street  
Pensacola, FL 32501

RECEIVED  
JUL 11 2001  
NEW HORIZONS CLC  
PENSACOLA, FL