

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049740

1. Entity Name

COMPUTER TUTORS OF SOUTH FLORIDA, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90173 013 ***150.00

Principal Place of Business

Mailing Address

1242 TIMBERLANE RD
TALLAHASSEE FL 32312

1242 TIMBERLANE ROAD
TALLAHASSEE FL 32312-1710

00004738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3321103

Applied For

Not Applicable

Zip

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

PORTER, TERRY
1242 TIMBERLANE ROAD
TALLAHASSEE FL 32312

Name SCOTT FERNBACH

Street Address (P.O. Box Number is Not Acceptable)
1242 TIMBERLANE ROAD

City TALLAHASSEE

FL

Zip Code
32312

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 SCOTT FERNBACH

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/11/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P PORTER, TERRY L 1242 TIMBERLANE ROAD TALLAHASSEE FL 32312	<input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VP FERNBACH, SCOTT 1242 TIMBERLANE ROAD TALLAHASSEE FL 32312	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SCOTT FERNBACH 1242 Timberlane Rd TALL FL 32312 <input checked="" type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/11/2000

Daytime Phone # 8506684090

CR2E034 (9/99)