

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000047964**1. Entity Name
TUTOR YOUR TOOTER, INC.Principal Place of Business
P O BOX 771943
CORAL SPRINGS FL 33077
Mailing Address
P O BOX 771943
CORAL SPRINGS FL 33077

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
45-8537888

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWILLIAMS ROSLIND G
9175 RAMBLEWOOD DR #537

CORAL SPRINGS FL 33071 US

7. Name and Address of New Registered AgentName
WILLIAMS ROSLIND GStreet Address (P.O. Box Number is Not Acceptable)
12219 SW 52 PLCity
COOPER CITY FL Zip Code
33330

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 **ROSLIND WILLIAMS****04/28/2001**

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 \$150.00****After MAY 1, 2001 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**11. OFFICERS AND DIRECTORS**TITLE M ☐ Delete
NAME SCHMIDT FREDERICK W
STREET ADDRESS 9175 RAMBLEWOOD DR, SUITE 537
CITY-ST-ZIP CORAL SPRINGS FL 33071TITLE P ☐ Delete
NAME GRIFFIE-WILLIAMS ROSALIND
STREET ADDRESS 9175 RAMBLEWOOD DR, SUITE 537
CITY-ST-ZIP CORAL SPRINGS FL 33071TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE M ☒ Change ☐ Addition
NAME SCHMIDT FREDERICK W
STREET ADDRESS 12219 SW 52 PL
CITY-ST-ZIP COOPER CITY FL 33330TITLE P ☒ Change ☐ Addition
NAME GRIFFIE-WILLIAMS ROSALIND
STREET ADDRESS 12219 SW 52 PL
CITY-ST-ZIP COOPER CITY FL 33330TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Frederick W. Schmidt

M

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)