

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90276 048 ***150.00

DOCUMENT # P97000047964

1. Entity Name

TUTOR YOUR TOOTER, INC.

Principal Place of Business

Mailing Address

**P O BOX 771943
 CORAL SPRINGS FL 33077**

**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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, ROSLIND G
 12219 SW 52 PL
 COOPER CITY FL 33330**

Name **Rosalind GRIFFIE**

Street Address (P.O. Box Number is Not Acceptable)
3731 SW 160th AVE

APT # 208

City **Miramar FL**

FL 33027

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GRIFFIE-WILLIAMS, ROSALIND**
 STREET ADDRESS **12219 SW 52 PL**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE ☒ Change ☐ Addition
 NAME **Rosalind Griffie**
 STREET ADDRESS **3731 SW 160th Ave #208**
 CITY-ST-ZIP **Miramar FL 33027**

TITLE **M** ☐ Delete
 NAME **SCHMIDT, FREDERICK W**
 STREET ADDRESS **12219 SW 52 PL**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE ☒ Change ☐ Addition
 NAME **Fred Schmidt**
 STREET ADDRESS **3731 SW 160th Ave #208**
 CITY-ST-ZIP **Miramar, FL 33027**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02

CR2E034 (9/01)