

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90385 007 \*\*\*150.00

**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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIE, ROSALIND  
3731 SW 160TH AVE  
APT #208  
MIRAMAR FL 33027**

**11130 Heron Bay Blvd  
#421  
Coral Springs, FL 33076**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **GRIFFIE, ROSALIND**  
STREET ADDRESS **3737 SW 160TH AVE #208**  
CITY-ST-ZIP **MIRAMAR FL 33027**

☒ Change ☐ Addition  
NAME **11130 Heron Bay Blvd #421**  
STREET ADDRESS **Coral Springs FL 33076**  
CITY-ST-ZIP

TITLE **M** ☐ Delete  
NAME **SCHMIDT, FRED**  
STREET ADDRESS **3731 SW 160TH AVE #208**  
CITY-ST-ZIP **MIRAMAR FL 33027**

☒ Change ☐ Addition  
NAME **11130 Heron Bay Blvd #421**  
STREET ADDRESS **Coral Springs FL 33076**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**29 April 2003 9546482804**

Date Daytime Phone #

CR2E034 (10/02)