

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051458

1. Entity Name

EDU-TECH OF TAMPA, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90044 004 \*\*\*150.00

Principal Place of Business Mailing Address  
5011 J WEST HILLSBOROUGH AVENUE 5011 J WEST HILLSBOROUGH AVENUE  
TAMPA FL 33634 TAMPA FL 33634-6309

2. Principal Place of Business 3. Mailing Address  
2055-A N. Dale Mabry Hwy. 2055-A N. Dale Mabry Hwy.  
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Tampa, FL City & State Tampa, FL 33607 4. FEI Number 59-3456211 Applied For  
Not Applicable  
Zip 33607 Country Hillsborough Zip 33607 Country Hillsborough 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  
LIETZ, CHRISTOPHER Name Same \*New Address  
5011 J WEST HILLSBOROUGH AVENUE Street Address (P.O. Box Number is Not Acceptable)  
TAMPA FL 33634 2055-A North Dale Mabry  
City Tampa FL 33607

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. ☐ 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIETZ, CHRISTOPHER		NAME Lietz, Christopher	
STREET ADDRESS 5011 J WEST HILLSBOROUGH AVENUE		STREET ADDRESS 2055-A North Dale Mabry Hwy.	
CITY-ST-ZIP TAMPA FL 33634		CITY-ST-ZIP Tampa, FL 33607	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCNUFF, KELDA		NAME	
STREET ADDRESS 5011 J WEST HILLSBOROUGH AVENUE		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33634		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-28-00 Daytime Phone # 813-873-2332