DOCUMENT # **P98000075726**

SIGNATURE

(See criteria on back)

NAUTICAL TUTOR OF FLORIDA, INC.

Principal Place of Business

Mailing Address

406 RIVERSIDE DRIVE EAST BRADENTON FL 34208

406 RIVERSIDE DRIVE EAST **BRADENTON FL 34208**

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **FILED**

May 04, 2001 8:00 am Secretary of State

05-04-2001 90009 004 ***150.00

DO NOT WRITE IN THIS SPACE

City & State		City & State			4. FEI Number 65-0858818 Applied For	
	·			00 0000010	Not Applicable	
Zip	Country	Zip	Country			\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
				Name		
PRIVITERA, PETER J 447-3RD-AVENUE-NO.:203				Street Address (P.O. Box Number is Not Acceptable)		
and the second s	ERSBURG FL 33701				``	
				0.4.		Zin 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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE NAME NAME ZYCH, ALFRED A JR STREET ADDRESS STREET ADDRESS 406 RIVERSIDE DRIVE EAST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34208 TITLE ☐ Delete NAME KURTZ, DEBORAH A NAME STREET ADDRESS STREET ADDRESS **406 RIVERSIDE DRIVE EAST** CITY-\$T-ZIP CITY-ST-ZIP **BRADENTON FL 34208** Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ 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.