2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H23343

1. Entity Name

Villas PreSchool and Child Care Center, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 14 PM 2:59

Principal Place of Business	Mailing Address
8368 Beacon Blvd. Ft. Myers, Fl 33907	- same -

REINSTATEMENT
DO NOT WRITE IN THIS SPACE 2001

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers, FL	City & State
Zip: 33907 Country: LEE	Zip / Country

4. FEI Number: 59-2459401 ☐ 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
Lloyd Solt, Esq. 2069 First St. #204 Fort Myers, FL 33901	Name: Lloyd Solt, Esq. Street Address (P.O. Box Number is Not Acceptable): 1500 Colonial Blvd., Suite 102 City: Fort Myers, FL Zip Code: 33907

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] Lloyd E. Solt, Esq. 10/1/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/MD Don L. Trummel 2466 Woodland Circle Ft. Myers, Fl 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004741392--5 -12/27/01--01047--012 ****758.75 ****758.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/MD Kathleen L. Trummel 2466 Woodland Circle Ft. Myers, Fl 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Adam L. Trummel 1745 #23 Red Cedar Dr. Ft. Myers, Fl 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sara L. Trummel 1745 #23 Red Cedar Dr. Ft. Myers, Fl 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 12/27
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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] Don L. Trummel 10/2/01 941-936-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #