2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # J38356** 1. Entity Name BRANDON KIDDIE KARE CENTER INC. 03-01-2001 91339 045 ***150.00 Principal Place of Business Mailing Address 202 PAULS DRIVE 202 PAULS DRIVE BRANDON FL 33511-4832 BRANDON FL 33511-4832 UUU21155 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2990343 Not Applicable Zip Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAZZONE, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1305 ZELLWOOD DR. BRANDON FL 33511 Zip Code Fl 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME MAZZONE, JOSEPH NAME 1305 ZELLWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** ☐ Addition ☐ Change ☐ Delete TITLE D TITLE NAME MAZZONE, CLARA NAME STREET ADDRESS STREET ADDRESS 1305 ZELLWOOD DR. CITY-ST-ZIP CITY-ST-7IP **BRANDON FL** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: