

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State


05-23-2000 90190 008 ***150.00

DOCUMENT # J90217
 i. Entity Name
THE CHILDREN'S CASTLE PRE-SCHOOL, INC.

Principal Place of Business 4771 NORTHEAST 22ND AVE. LIGHTHOUSE POINT FL 33064	Mailing Address 4771 NORTHEAST 22ND AVE. LIGHTHOUSE POINT FL 33064-7121
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

110030013



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2842419** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, PAUL
3100 N.E. 48TH COURT #304
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
4771 N.E. 22ND AVE

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.

SIGNATURE _____ (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, 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		
TITLE PD	NAME JOHNSON, JOYCE	<input type="checkbox"/> Delete
STREET ADDRESS 3100 N.E. 48TH COURT #304	CITY-ST-ZIP LIGHTHOUSE PT. FL	
TITLE STD	NAME JOHNSON, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS 3100 N.E. 48TH COURT #304	CITY-ST-ZIP LIGHTHOUSE PT. FL	
TITLE VPD	NAME HORNE, WENDY	<input type="checkbox"/> Delete
STREET ADDRESS 2650 N.E. 48TH COURT	CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4771 N.E. 22ND AVE	CITY-ST-ZIP	
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4771 N.E. 22ND AVE	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	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: *Paul C. Johnson* **PAUL C. JOHNSON** 4/20/00 954-782-5746
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)