

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90147 010 ***158.75

UBR4/130
AV

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1. Entity Name
LITTLE FRIENDS SCHOOLHOUSE, INC.

Principal Place of Business
**6145 ABBOTT STATION DR
ZEPHYRHILLS FL 33541**

Mailing Address
**6145 ABBOTT STATION DR
ZEPHYRHILLS FL 33541**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3636117**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip
33542

Country

Zip
33542

Country

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

**CEVALLOS, CHRISTINE A
15801 DAWSON RIDGE DRIVE
TAMPA FL 33647**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D CEVALLOS, JUAN P**
STREET ADDRESS **15801 DAWSON RIDGE DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HOLLOMAN, ADELE**
STREET ADDRESS **11024 MUSTANG DR**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE Change Addition
NAME **Holloman, Adele**
STREET ADDRESS **25748 Frith St**
CITY-ST-ZIP **Land O Lakes, FL 34639**

TITLE Delete
NAME **D PETERS, EDMOND**
STREET ADDRESS **6000 W 79TH STREET**
CITY-ST-ZIP **BURBANK IL 60459**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adele L. Holloman **Signature and Typed Name of Signing Officer or Director** **Adele L. Holloman** **3-10-03** **813 782 8468**
Date Daytime Phone #

CR2E034 (10/02)