

FILED

03 JUL -2 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**DOCUMENT # P01000103334**

1. Entity Name  
**STEPPING STONE CHILD CARE & LEARNING CENTER, INC.**

Principal Place of Business  
2331 NORTH STATE ROAD 7  
LAUDERHILL, FL 33313

Mailing Address  
2331 NORTH STATE ROAD 7  
LAUDERHILL, FL 33313

2. Principal Place of Business  
3. Mailing Address

Sub, Apt. #, etc.  
City & State  
City & State

City & State  
City & State

Zip Country Zip Country

4. FEI Number 30-0096671  Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**CANNAVAN, JACQUELINE E ESQ  
4330 SHERIDAN STREET SUITE 202-B  
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)

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	P RICHARDSON, MATTIE 2331 NORTH STATE ROAD 7 LAUDERHILL, FL 33313	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V RICHARDSON, DARRELL 2331 NORTH STATE ROAD 7 LAUDERHILL, FL 33313	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST GOODEN-SMITH, LINDA 2331 NORTH STATE ROAD 7 LAUDERHILL, FL 33313	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: Mattie J. Richardson 6/30/03 754-224-1119  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

400021450074  
07/10/03--01007--027 \*\*400.00



CHECK HERE IF MAKING CHANGES

CR2003 (10/02)

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