

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90044 017 ***150.00

DOCUMENT # P95000040558

1. Entity Name
ROCKING HORSE CHRISTIAN PRESCHOOL, INC.

Principal Place of Business 1015 TENNESSEE AVE ST CLOUD FL 34769 US	Mailing Address 1015 TENNESSEE AVE ST CLOUD FL 34769 US
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2. Principal Place of Business 1015 Tennessee Ave.	3. Mailing Address 1015 Tennessee Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Cloud FL	City & State St. Cloud FL	4. FEI Number 65-0580683	Applied For <input type="checkbox"/> Not Applicable
Zip 34769	Country USA Osceola	Zip 34769	Country USA Osceola
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SHARON A. SCHMID 523 PENNSYLVANIA AVENUE ST CLOUD FL 34769	7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 Sharon A. Schmid (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. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARON A. SCHMID 523 PENNSYLVANIA AVE ST CLOUD FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL D. SCHMID 523 PENNSYLVANIA AVE ST CLOUD FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIRANDA A. SCHMID 523 PENNSYLVANIA AVE ST. CLOUD FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELANIE J. SCHMID 523 PENNSYLVANIA AVE ST. CLOUD FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Sharon A. Schmid, Pres. **2-7-01** **407-892-5437**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Sharon A. Schmid

CR2E034 (10/00)