# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 31, 2001 8:00 am**
**Secretary of State**
01-31-2001 90021 001 ***158.75

DOCUMENT # P95000052118

1. Entity Name
TINY TREASURES EARLY LEARNING #2, INC.

909058

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 920 TOWN HALL<br>JUPITER FL 33458 | 7939 MANOR FOREST BLVD<br>BOYNTON BEACH FL 33436 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 920 Town Hall Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. ~~Jupiter~~ |
| City & State | City & State Jupiter, Fl |
| Zip / Country | Zip 33458 / Country USA |

4. FEI Number 65-0605778 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| KINCAID, MICHELE A<br>4800 23 STREET N<br>WEST PALM BEACH FL 33417 | Name Kincaid, Michele A.<br>Street Address (P.O. Box Number is Not Acceptable) 920 Town Hall Ave<br>Jupiter, Florida 33458<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KINCAID, MICHELE A<br>2203 CARIB CIRCLE<br>PALM BEACH GARDENS FL 33410 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MICHELE A. KINCAID<br>15316 75th Way North<br>Palm Bch Gardens, Fl 33418 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>MAXWELL, KATHERYN<br>7939 MANDR FOREST BLVD.<br>BOYNTON BEACH FL 33436 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PS<br>KINCAID, MICHELE A.<br>2203 CARIB CIRCLE<br>PALM BEACH GARDENS FL 33410 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PS<br>KINCAID, MICHELE A.<br>15316 75th Way North<br>Palm Beach Gardens, Fl 33418 | ☑ Change ☐ Addition |
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CR2E034 (10/00)

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:** Michele A Kincaid pres MICHELE A. KINCAID 1/27/01 561 7449295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #