2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054637

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90102 025 ***150.00

1. Entity Name

LITTLE EXPLORER CHILD CARE, INCORPORATED

Principal Place of Business	Mailing Address
410 N. ~~RIDGE AVE~~ Ridgewood Ave EDGEWATER FL 32132	410 N. ~~RIDGE AVE.~~ Ridgewood Ave EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		410 N Ridgewood Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3337063 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JETTON, MARCY
~~810 DR. MARY MCLEOD BETHUNE BLVD.~~ 410 N. Ridgewood Ave
~~DAYTONA BEACH FL 32114~~ Edgewater, FL 32132

7. Name and Address of New Registered Agent

Name: Marcy Jetton
Street Address (P.O. Box Number is Not Acceptable): 410 N. Ridgewood Ave
City: Edgewater FL Zip Code: 32132

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD JETTON, MARCY E 3127 MANGO TREE DRIVE EDGEWATER FL 32141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marcy Jetton 410 N Ridgewood Ave Edgewater, FL 32132	☒ Change (address) ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Marcy Jetton Marcy Jetton 1/23/00 904-423-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #