FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90423 044 ***150.00

DOCUMENT # P95000058781

1. Entity Name
Shining Stars Preschool Academy, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
603 E. Morgan St.
Suite, Apt. #, etc.
City & State: Brandon FL
Zip: 33510-4606 Country: U.S.

3. Mailing Address
Same as Physical Address
Suite, Apt. #, etc.
City & State
Zip: Hillsborough County Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3326343 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Marie Hammond
Street Address (P.O. Box Number is Not Acceptable)
1106 Classic Dr.
City: Valrico FL Zip Code: 33594

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	
NAME	D. Brent Hammond
STREET ADDRESS	1106 Classic Dr.
CITY-ST-ZIP	Valrico FL 33594 President
TITLE	
NAME	T. Marie Hammond Sec/Treas
STREET ADDRESS	1106 Classic Dr.
CITY-ST-ZIP	Valrico, FL 33594
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Hammond 4/30/02 813 661 6988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #