

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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90645 033 ***150.00

DOCUMENT # P97000041213
1. Entity Name Play & Learn Day School, Inc.



DO NOT WRITE IN THIS SPACE

14002168

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 403 S. Dillard St 3. Mailing Address 403 S. Dillard St
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Winter Garden, FL City & State Winter Garden, FL

4. FEI Number 593451691 Applied For Not Applicable

Zip 34787 Country USA Zip 34787 Country USA

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 Anissa Jensen
Street Address (P.O. Box Number is Not Acceptable) 544 W. Plant St.
City Winter Garden FL Zip Code 34787

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 Anissa Jensen president DATE 4-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>President</u> <u>Anissa Jensen</u> <u>544 W Plant St</u> <u>Winter Garden FL 34787</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>Vice President</u> <u>Nancy Horton</u> <u>344 W Plant St</u> <u>Winter Garden FL 34787</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anissa Jensen DATE 4-7-04 DAYTIME PHONE # 407 656 0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034B (12/02)