2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90028 044 ***150.00

DOCUMENT # P97000080724

1. Entity Name

CHILDREN'S THERAPY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
240 - 43 AVENUE ST. PETE BEACH FL 33706	240 - 43 AVENUE ST. PETE BEACH FL 33706-2510

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3509 Manatee Ave. West	3509 Manatee Ave. West
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Bradenton Florida	City & State: Bradenton Florida
Zip: 34205 Country: USA	Zip: 34205 Country: USA

4. FEI Number 59-3473792 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

BOULANGER, DONALD
240 - 43 AVENUE
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name: Don Boulanger
Street Address (P.O. Box Number is Not Acceptable): 3509 Manatee Ave West Suite B
City: Bradenton **FL** Zip Code: 34205

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: Don Boulanger president 04-24-2000
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	PTD DONALD BOULANGER 240 43RD AVE ST PETERSBURG BCH FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Don Boulanger 3509 Manatee Ave W. Suite B Bradenton FL 34205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Sue Taylor 3509 Manatee Ave. W Suite B Bradenton FL 34205	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Caroline Hui 3509 Manatee Ave W Suite B Bradenton FL 34205	☐ Change ☑ 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
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: Don Boulanger Don Boulanger 04-24-00 941-744-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #