

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State
 08-29-2001 90010 018 ***150.00

DOCUMENT # **00000055294**

1. Entity Name

miles of Smiles, Inc.

Principal Place of Business

Mailing Address

712 Reed Canal Rd
S. Daytona, Fl.
32119

same

2. Principal Place of Business

712 Reed Canal Rd.
 Suite, Apt. #, etc.

3. Mailing Address

712 Reed Canal Rd.
 Suite, Apt. #, etc.

00075759

DO NOT WRITE IN THIS SPACE

City & State

South Daytona, Fl.

City & State

South Daytona, Fl.

4. FEI Number

59-3651851

Applied For

Not Applicable

Zip

32119

Country

Volusia

Zip

32119

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jayne Connolly
117 Tropic Bird Ct.
Daytona, Bch. Fl. 32119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **Pres** ☐ Delete
 NAME **Jayne Connolly**
 STREET ADDRESS **117 Tropic Bird Ct**
 CITY-ST-ZIP **Daytona Bch Fl**

TITLE **V. Pres** ☐ Delete
 NAME **Christine Sealy**
 STREET ADDRESS **121 Tropic Bird Ct**
 CITY-ST-ZIP **Daytona Bch Fl 32119**

TITLE **Treasurer** ☐ Delete
 NAME **Jayne Connolly**
 STREET ADDRESS **117 Tropic Bird Ct**
 CITY-ST-ZIP **Daytona Bch Fl 32119**

TITLE **Secy** ☐ Delete
 NAME **Christine Sealy**
 STREET ADDRESS **121 Tropic Bird Ct**
 CITY-ST-ZIP **Daytona Bch Fl 32119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jayne Connolly

8-21-01

(386)
767-1995

CR2E034 (5/01)

Attachment DOC# P00000055294-000555
MILES OF SMILES

LEARNING CENTER / DAYCARE SERVICE

712 REED CANAL ROAD SOUTH DAYTONA FL, 32119 (904) 767-1995



8-21-01

To whom this may concern,

On Wednesday August 15th 2001, I spoke with one of your representatives (M. Bartlett) and explained why I never received my Uniform Business report due to my move last July (of 2000) from another county. I asked M. Bartlett if there was any possible way I could pay the \$150.00 since I never received my ~~mail~~ forwarding mail from the post office. It was explained to me that I needed to write a letter stating the reason for my request and explain the situation on being past my expiration.

I appreciate your understanding in this matter and ensure this will never happen again.

Sincerely,
Jayme Connolly
Pres. Miles of Smiles, Inc.