

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90004 030 ***150.00

0503972

DOCUMENT # 513362

1. Entity Name

LUL-A-BYE SITTERS REGISTRY, INC.

Principal Place of Business

**9 NE 19TH NE CT
 C 117
 WILTON MANORS FL 33305
 US**

Mailing Address

**P O BOX 24945
 FORT LAUDERDALE FL 33307-1945**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1688856**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VASTINE, NANCY
 9NE 19TH CT
 C117
 WILTON MANORS FL 33305**

7. Name and Address of New Registered Agent

Name
VASTINE, NANCY

Street Address (P.O. Box Number is Not Acceptable)
9 NE 19TH CT

C117

City
WILTON MANORS

FL

Zip Code
33305

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

Nancy J. Vastine

Signature, typed or printed name of registered agent and fee 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) **XX**

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 VASTINE, JACK R
 9 EN 19TH CT C117
 WILTON MANORS FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 VASTINE, NANCY
 9 NE 19TH CT C117
 WILTON MANORS FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Nancy J. Vastine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2001 904065-1222
 Date Daytime Phone #

CR2E034 (10/00)