

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 552198

1. Entity Name

OVIEDO CHILD CARE CENTER, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90018 050 ***150.00

Principal Place of Business 387 W BROADWAY P.O. BOX 907 OVIEDO, FL. 32765	Mailing Address 387 W BROADWAY P.O. BOX 620907 P.O. BOX 907 OVIEDO FL 32765-9498 US
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2. Principal Place of Business <i>225 West Beasley Rd</i>	3. Mailing Address <i>225 West Beasley Rd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Oviedo, FL</i>	City & State <i>Oviedo FL 32765</i>
Zip <i>32765</i>	Country <i>USA</i>

4. FEI Number 59-1794518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MULA, FRANK A. 387 W BROADWAY OVIEDO FL 32765	7. Name and Address of New Registered Agent Name <i>Mula, Frank A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>225 West Beasley Rd</i> City <i>Oviedo</i> FL Zip Code <i>32765</i>
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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 <i>Frank A. Mula</i> (Frank A. Mula) DATE <i>03-06-2000</i>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULA, FRANK A. 225 WEST BEASLEY OVIEDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MULA, BETTY LOU 225 WEST BEASLEY OVIEDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERKINS, MICHELLE 1940 BLUE RIDGE AVE MELBOURNE FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Betty Lou Mula</i> (Betty Lou Mula)	DATE: <i>03-06-2000</i> (407) 365-5743

CR2E034 (9/99)