

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90256 019 ***150.00

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DOCUMENT # **657078**

1. Entity Name
MISS, DIANE'S DAY CARE AND PRE-SCHOOL, INC.



Principal Place of Business
~~1285 6TH AVENUE~~
~~VERO BEACH FL 32960~~

Mailing Address
~~1285 6TH AVENUE~~
~~VERO BEACH FL 32960~~

11011106



2. Principal Place of Business #
6790 45th Street
Suite, Apt. #, etc.

3. Mailing Address
6790 45th Street
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Vero Beach, FL

4. FEI Number **59-1991740**
Applied For
 Not Applicable

Zip Country
32967 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, DIANE
1285-8TH AVE
VERO BEACH FL 32960

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD POWELL, RALPH A. 6790 45TH STREET VERO BEACH FL 32967 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD POWELL, DIANE 6790 45TH STREET VERO BEACH FL 32967 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STEVENS, J S 6816 45TH STREET VERO BEACH FL 32967 | <input type="checkbox"/> Delete |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Powell **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 **772 567 4888**
Date Daytime Phone #

CR2E034 (10/02)