2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# 723653

Entity Name: EARLY EDUCATION AND CARE, INC.

Current Principal Place of Business:

450 JENKS AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

450 JENKS AVE.
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-1376048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONNER, E. KEITH
420 WILDWOOD DRIVE
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

JOHNSON, MONA
450 JENKS AVENUE
PANAMA CITY, FL 32401 US

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: MONA JOHNSON 04/29/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLEMONS, SCOTT
Address: 405 OAK AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP ( ) Delete
Name: MAYO, CLINT
Address: 2916 FAIRMONT DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete
Name: WARNER, TIM
Address: 442 GRACE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: T ( ) Delete
Name: SMITH, PATTI
Address: 3208 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete
Name: CHAPMAN, JEANNETTE
Address: 3412 ROBINSON BAYOU CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Delete
Name: COOLEY, OLIVIA
Address: 712 MOOR CIRCLE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: WARRINER, DAVID
Address: P O BOX 280
City-St-Zip: PORT ST JOE, FL 32457

Title: D (X) Change ( ) Addition
Name: COOLEY, OLIVIA
Address: 712 MOORE CIRCLE
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Change ( ) Addition
Name: SOWELL, JERRY
Address: 626 LUVERNE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Change ( ) Addition
Name: WALTERS, ELIZABETH
Address: 221 MCKENZIE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY SOWELL MR 04/29/2003
Electronic Signature of Signing Officer or Director Date