3/19

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
03-19-2001 90040 037 ****61.25

DOCUMENT # 728160

1. Entity Name

TINY TOTS NURSERY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 611 104 DAVIS ST QUINCY FL 32351-3922	P.O. BOX 611 104 DAVIS ST QUINCY FL 32351-3922

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 611
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: QUINCY, FLORIDA
Zip / Country	Zip: 32353-0611 / Country: GADSDEN

4. FEI Number: 23-7358130 ☐ Applied For ☐ Not Applicable

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
MCGILL, (WILLIAM A.) 104 DAVIS ST QUINCY FL 32353-0611	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCGILL, (WILLIAM A) 104 DAVIS ST QUINCY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REGINALD JAMES, D P.O. BOX 124 QUINCY, FLORIDA 32353-0124	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POWELL, LILLIE 433 S CONE STREET QUINCY FL 32351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANCES HARRELL SID P.O. BOX 123 QUINCY, FLORIDA 32353-0123	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAILOR, JOHNNY 1228 BORRY STREET QUINCY FL 32351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATRICIA DAVIS P.O. BOX 7303 TALLAHASSEE, FLORIDA 32314	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KELLY, VIVIAN D 216 PATTON STREET QUINCY FL 32351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRENE FORD 544 SELMAN ROAD QUINCY, FLORIDA 32351-5150	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEWIS, SHELIA L 245 JACK SCOTT ROAD QUINCY FL 32351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAMELA DAVIS, T/T/D P.O. BOX 7322 TALLAHASSEE, FL 32314	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition

CR2E037 (10/00)

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 617, 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: William A. McGill SIGNATURE REQUIRED BOARD PRESIDENT 03/28/01 (850) 627-6279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #