

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728160

1. Entity Name

TINY TOTS NURSERY, INC.

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90391 004 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 611  
104 DAVIS ST  
QUINCY FL 32351-3922

Mailing Address

P.O. BOX 611  
QUINCY FL 32353-0611

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 **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD  
NAME MCGILL, (WILLIAM A.) ☐ Delete  
STREET ADDRESS 104 DAVIS ST  
CITY-ST-ZIP QUINCY FL

TITLE P  
NAME PATRICIA DAVIS ☐ Change ☒ Addition  
STREET ADDRESS P.O. BOX 7303  
CITY-ST-ZIP TALLAHASSEE, FLORIDA 32314

TITLE  
NAME POWELL, LILLIE ☐ Delete  
STREET ADDRESS 433 S CONE STREET  
CITY-ST-ZIP QUINCY FL 32351

TITLE T  
NAME PAMELA DAVIS ☐ Change ☒ Addition  
STREET ADDRESS P.O. BOX 7322  
CITY-ST-ZIP TALLAHASSEE, FLORIDA 32314

TITLE D  
NAME SAILOR, JOHNNY ☐ Delete  
STREET ADDRESS 1228 BORRY STREET  
CITY-ST-ZIP QUINCY FL 32351

TITLE D  
NAME IRENE FORD ☐ Change ☒ Addition  
STREET ADDRESS 544 SELMAN ROAD  
CITY-ST-ZIP QUINCY, FLORIDA 32351

TITLE  
NAME KELLY, VIVIAN D ☐ Delete  
STREET ADDRESS 216 PATTON STREET  
CITY-ST-ZIP QUINCY FL 32351

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

TITLE D  
NAME JAMES, REGINALD ☒ Delete  
STREET ADDRESS P.O. BOX 124  
CITY-ST-ZIP QUINCY FL 32353-0124

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

TITLE SD  
NAME HARRELL, FRANCES ☐ Delete  
STREET ADDRESS PO BOX 123  
CITY-ST-ZIP QUINCY FL 32353-0123

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)