

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 749641

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** THE FLORIDA PARENT-CHILD CENTER, INC.

**Current Principal Place of Business:**

2330-9TH ST.,S.  
P.O.BOX 10576  
ST PETERSBURG, FL 33733

**New Principal Place of Business:**

**Current Mailing Address:**

2330-9TH ST.,S.  
P.O.BOX 10576  
ST PETERSBURG, FL 33733

**New Mailing Address:**

**FEI Number:** 59-2148803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NERO, CARRIE W.  
5206 CAESAR WAY, S.  
ST PETERSBURG FL, FL 33712 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VTD ( ) Delete  
Name: SCOTT, BETTYE B.,  
Address: 3800 40 WAY S.  
City-St-Zip: ST PETERSBURG, FL 00000,

Title: PD ( ) Delete  
Name: NERO, CARRIE W,  
Address: 5206 CAESAR WAY S  
City-St-Zip: ST PETERSBURG, FL 00000,

Title: SD ( ) Delete  
Name: BOYD, SARA,  
Address: 4422 POMPAÑO DR.  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: DR CARRIE NERO

P

04/30/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date