

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90635 009 ***150.00

DOCUMENT # F00000000080

1. Entity Name
WEE DISCOVER AFTER SCHOOL PROGRAM, LTD. COMPANY



Principal Place of Business
4622 LANDSCAPE DRIVE
TAMPA FL 33624

Mailing Address
4622 LANDSCAPE DRIVE
TAMPA FL 33624

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 37-1390856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BURD, KYLA L
15143 SHAW ROAD
TAMPA FL 33625

7. Name and Address of New Registered Agent

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 Kyla L Burd (Secretary)
Signature, typed or printed name of registered agent and title if applicable.

Kyla L Burd
(NOTE: Registered Agent signature required when reinstating)

4-15-03
DATE

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

TITLE	CP	<input type="checkbox"/> Delete
NAME	BURD, KAREN S	
STREET ADDRESS	4622 LANDSCAPE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	BURD, DARRELL E	
STREET ADDRESS	4622 LANDSCAPE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	S	<input type="checkbox"/> Delete
NAME	PENA, SONYA R	
STREET ADDRESS	719 EAST WOOD DRIVE	
CITY-ST-ZIP	COLUMBIA IL 62236	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURD, KYLA L	
STREET ADDRESS	15143 SHAW ROAD	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Kyla L Burd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03
Date

813-269-0145
Daytime Phone #

CR2E034 (10/02)