

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002995

1. Entity Name

HIGHWAY CHILD CARE CENTER INC.

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90067 042 ****61.25

0084222

Principal Place of Business

931 DOBELL TERRACE
PORT CHARLOTTE FL 33948

Mailing Address

931 DOBELL TERRACE
PORT CHARLOTTE FL 33948

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 **52-1284376**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTS, ELAINE
931 DOBELL TERRACE
PORT CHARLOTTE FL 33948

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 NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, CLARENCE J SR. BSH 421 CHESTNUT ST. ABERDEEN MD 21001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RINGGOLD, LARRY ELDER 101 MT. CALVARY RD. ABERDEEN MD 21001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POTTER, CARYLN SISTER 41 VALLEY BOTTOM RD. ABERDEEN MD 21001	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNES, MARY 511 EDMUND ST. ABERDEEN MD 21001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOYNER, DARYLN DEACON 918 WARREN ST. HAURE DE GRACE MD 21078	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COOPER, ALOFA SISTER 444 CHESTNUT ST. ABERDEEN MD 21001	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dorothy Wainwright 726 Girard Street Havre de Grace, Md. 21078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joyner, Darryl Deacon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)