

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State
09-10-2003 90051 011 ***61.25

DOCUMENT # F01000002995

1. Entity Name
HIGHWAY CHILD CARE CENTER INC.



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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WATTS, ELAINE
931 DOBELL TERRACE
PORT CHARLOTTE FL 33948

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

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BARNES, CLARENCE J SR. BSH**
STREET ADDRESS **421 CHESTNUT ST.**
CITY-ST-ZIP **ABERDEEN MD 21001**

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

TITLE **V** ☐ Delete
NAME **RINGGOLD, LARRY ELDER**
STREET ADDRESS **101 MT. CALVARY RD.**
CITY-ST-ZIP **ABERDEEN MD 21001**

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

TITLE **S** ☐ Delete
NAME **WAINWRIGHT, DOROTHY**
STREET ADDRESS **726 GRAND STREET**
CITY-ST-ZIP **HAVRE DE GRACE MD 21078**

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

TITLE **T** ☐ Delete
NAME **BARNES, MARY**
STREET ADDRESS **511 EDMUND ST.**
CITY-ST-ZIP **ABERDEEN MD 21001**

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

TITLE **C** ☐ Delete
NAME **JOYNER, DARRYL DEACON**
STREET ADDRESS **918 WARREN ST.**
CITY-ST-ZIP **HAURE DE GRACE MD 21078**

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

TITLE **VC** ☐ Delete
NAME **COOPER, ALOFA SISTER**
STREET ADDRESS **444 CHESTNUT ST.**
CITY-ST-ZIP **ABERDEEN MD 21001**

TITLE ☐ Change ☐ 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 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 REQUIRED

Elaine Watts 9-5-03 (944) 143-7131

CR2E037 (4/03)