

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01029

1. Entity Name

TLC PRESCHOOL & DAYCARE INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90077 040 ***150.00

Principal Place of Business

Mailing Address

21360 LAKE FLOYD DRIVE
P.O. BOX 1502
LAND O' LAKES FL 34639

P O BOX 1502
LAKE O' LAKES FL 34639-1502
US

2. Principal Place of Business

21360 Lake Floyd Drive

3. Mailing Address

P.O. Box 1502, LOL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Land O' Lakes FL

4. FEI Number

59-2398856

Applied For

Not Applicable

Zip

33549

Country

USA

Zip

34639

Country

USA

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

PECKETT, CATHY S.
21360 LAKE FLOYD DRIVE
LAND O' LAKES FL 34639

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

Cathy S. Peckett

1-11-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PECKETT, CATHY
STREET ADDRESS 6504 WISTERIA LP
CITY-ST-ZIP LAND O LAKES FL 34639 ☐ Delete

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

TITLE ST
NAME PECKETT, IRVIN
STREET ADDRESS 27 LADOGA AVENUE
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cathy Peckett

1-11-00

813-949-2237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)