## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# H48564

Address:

City-St-Zip:

3800 CRILL AVE

PALATKA, FL 32177

Entity Name: STORYBOOK COTTAGE, INC.

FILED Jan 06, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3800 CRILL AVE PALATKA, FL 32177 **Current Mailing Address: New Mailing Address:** 7 CONTERA DRIVE SAINT AUGUSTINE, FL 32080 FEI Number: 59-2504206 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAMM, JEFFREY H. 7 CONTERA DRIVE ST. AUGUSTINE, FL 32080 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KAMM, JEFFREY H Name: Name: 7 CONTERA DRIVE Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: Title: VTD Title: VSTD () Delete (X) Change ( ) Addition Name: KAMM, TERRI L Name: KAMM, TERRI L 7 CONTERA DR 7 CONTERA DR Address: Address: SAINT AUGUSTINE, FL 32080 SAINT AUGUSTINE, FL 32080 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition WILSON, JOYCE Name: Name: 3800 CRILL AVE Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WILSON, HERB Name: Name:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JEFFREY H. KAMM PRES 01/06/2003