2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

FILED **DOCUMENT # J59954** Jan 19, 2000 8:00 am **Secretary of State** CHEERS EARLY LEARNING CENTER, INC. 医髓髓炎 医乳管 医二氏管 01-19-2000 90121 037 ***158.75 Mailing Address Principal Place of Business 12800 KENWOOD LANE 12800 KENWOOD LANE FT. MYERS FL 33907 FT. MYERS FL 33907-5652 DUUUUJAU4 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, étc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2817796 Not Applicable \$8.75 Additional Country . Zip Country Ζip ι. 5. Certificate of Status Desired Fee Required Electrical Articles 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARTUYVELLES, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 企会12800 KENWOOD LN 操作 以下设置 操作 FT. MYERS FL 33907 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee Will be \$550:00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE CARTUYVELLES, RICHARD A. NAME NAME STREET ADDRESS 12800 KENWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33907 ☐ Addition Change TITI F ☐ Delete CARTUYVELLES, ROBYN J. NAME NAME STREET ADDRESS 12800 KENWOOD LN. STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33907 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.