

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32553

1. Entity Name
Child Growth And Development Incorporated

FILED

01 MAY 24 AM 9:53

Principal Place of Business Mailing Address
2428 Hartfield Rd
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
2428 Hartfield Rd
Suite, Apt. #, etc.

3. Mailing Address
2428 Hartfield Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee FL
Zip
32303

City & State
Tallahassee, FL
Zip
32303

4. FEI Number
59-2981096
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Leyshia Fontenot
750 White Drive #413
Tallahassee, FL 32304

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
750 White Drive Apt 413
City
Tallahassee FL Zip Code
32304

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 _____ (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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Leyshia Fontenot 750 White Drive #413 Tallahassee, Florida 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Roman Fontenot 2428 Hartfield Rd Tallahassee, Florida 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Tres. Leyshia Fontenot 750 White Drive #413 Tallahassee, FL 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004430018-06/19/01--01073--007 ****150.00 ****150.00	<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 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 type="checkbox"/> Change <input type="checkbox"/> 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 empower.

SIGNATURE: Leyshia Fontenot President/Director 5/24/01 575-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

202
Keyshia Sontest
750 White Drive #413
Tallahassee, Florida 32304

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE DOC# L-32553 Child Growth & Development, Incorporated
May 24, 2001

To Whom it May Concern:

As President and Registered Agent of this corporation I am responsible for filing the Annual U.B.R. Due to the fact that I am no longer on the physical premises of the business I did not receive a renewal form and therefore came to the Sec of State office to renew the business report. Please accept my check in the amount of \$150.00 to cover the original filing fee. I am also making arrangements for the renewal forms to be sent directly to me in an effort to eliminate the possibility of this occurring again in the future.

Thank You for Your
Consideration
Keyshia Sontest, Pres.