

501487-8013 07/10/01 13:53 Fl. Dept. of State pl /1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38334

1. Entity Name
TODDLERS' LEARNING CENTER, INC.

01 JUL 12 PM 12:38

Principal Place of Business: 800 BE MONTEREY RD. STUART FL 34986 S
Mailing Address: 2800 BE MONTEREY RD. STUART FL 34986 US



DO NOT WRITE IN THIS SPACE!

1. Principal Place of Business		3. Mailing Address		4. FBI Number 65-0247045		Applied For <input type="checkbox"/> Not Applicable	
Subs. Apt. #, etc.		Subs. Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

4. Name and Address of Current Registered Agent PIASECKI, GUY A 6332 SW BANKS TER PALM CITY FL 34980				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				City FL Zip Code			

I, The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Sherry Piasecki*
Signature typed or printed name of signing officer and title (optional) (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
11. FEE NOW!!! FEE IS \$180.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

1. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PJO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELKINS, JOYCE			NAME	Sherry Piasecki		
STREET ADDRESS	6332 S.W. BANKS ST			STREET ADDRESS	6332 S.W. BANKS ST		
CITY-STATE-ZIP	PALM CITY FL 34980			CITY-STATE-ZIP	Palm City, FL 34990		
TITLE	VO	<input checked="" type="checkbox"/> Delete		TITLE	VTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIASECKI, SHERRY L			NAME	Deborah Cleaver		
STREET ADDRESS	6332 SW BANKS ST			STREET ADDRESS	6332 SW BANKS ST		
CITY-STATE-ZIP	PALM CITY FL 34980			CITY-STATE-ZIP	Palm City, FL 34990		
TITLE	TSD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLEAVER, DEBORAH			NAME			
STREET ADDRESS	6332 S.W. BANKS ST			STREET ADDRESS			
CITY-STATE-ZIP	PALM CITY FL 34980			CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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: *Sherry Piasecki* 7/11/01 561-287-1849
Signature typed or printed name of signing officer and title (optional) Date Daytime Phone #