

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90149 045 ***150.00

DOCUMENT # L60750

1. Entity Name

GREAT BEGINNINGS PRE SCHOOL OF TAMPA, INC.



Principal Place of Business
C/O ANITA A. SANCHEZ
4003 MANHATTAN AVENUE
TAMPA FL 33611

Mailing Address
C/O ANITA A. SANCHEZ
4003 MANHATTAN AVENUE
TAMPA FL 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3006412**

Applied For

Not Applicable

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

SANCHEZ, ANITA A.
4003 MANHATTAN AVENUE
TAMPA FL 33611

Name **Maurer Anita A.**

Street Address (P.O. Box Number is Not Acceptable)

4003 S. Manhattan Ave.

City **Tampa**

FL

Zip Code **33611**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE **Anita A. Maurer** **Anita A. Maurer**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **SANCHEZ, ANITA A.**
STREET ADDRESS **403-B S. WILLOW AV.**
CITY-ST-ZIP **TAMPA FL**

TITLE **PTM** ☒ Change ☐ Addition
NAME **Maurer, Anita A.**
STREET ADDRESS **403-B S. Willow Ave.**
CITY-ST-ZIP **Tampa, FL 33666**

TITLE **D** ☒ Delete
NAME **SANCHEZ, ANITA A.**
STREET ADDRESS **403-B S. WILLOW AV.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **VD** ☐ Delete
NAME **SANCHEZ, ANGELA**
STREET ADDRESS **403 S WILLOW AVE #B**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **VD** ☒ Change ☐ Addition
NAME **Sanchez Angela**
STREET ADDRESS **3901 S.W. 20th Ave. #709**
CITY-ST-ZIP **Gainesville, FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Sanchez, Brian T.**
STREET ADDRESS **4314 Barcelona St.**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Anita A. Maurer** **Anita A. Maurer** **3-24-03** **(813) 835-4591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)