

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90073 032 ***150.00

DOCUMENT # L78798

1. Entity Name
DAYCARE, INC.

Principal Place of Business

% JEFF FEHR
 18501 MURDOCK CIR #401
 PORT CHARLOTTE FL 33948

Mailing Address

% JEFF FEHR
 18501 MURDOCK CIR #401
 PORT CHARLOTTE FL 33948-1066

2. Principal Place of Business

22286 VICK ST

Suite, Apt. #, etc.

3. Mailing Address

22286 VICK ST

Suite, Apt. #, etc.

City & State

CHARLOTTE HARBOR FL

City & State

CHARLOTTE HARBOR FL

4. FEI Number

65-0210005

Applied For

Not Applicable

Zip
33980

Country
USA CHARLOTTE

Zip
33980

Country
USA

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

FEHR, JEFF
18501 MURDOCK CIR, STE 401 SUNBANK CENTER
PORT CHARLOTTE FL 33948

Name

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

22286 VICK ST

City
CHARLOTTE HARBOR

FL

Zip Code

33980

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.

JEFFREY FEHR

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D 1015/T** Delete
 NAME **FEHR, JEFF**
 STREET ADDRESS **18501 MURDOCK CIR #401**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE Change Addition
 NAME **22286 Vick Street**
 STREET ADDRESS **Charlotte Harbor, FL 33980**
 CITY-ST-ZIP

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
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

JEFFREY FEHR

Date

1/27/00

Daytime Phone #

941-629-7726

CR2E034 (9/99)