

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005097**

1. Entity Name

BUBBLES DAY CARE, LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -8 PM 1:02

Principal Place of Business

2210 - 9TH AVENUE EAST
BRADENTON FL 34208

Mailing Address

2210 - 9TH AVENUE EAST
BRADENTON FL 34208



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0947915

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, LAYON F II, ESQ
442 OLD MAIN STREET
BRADENTON FL 34205

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MAYS, WARNETTA**
STREET ADDRESS **2210 - 9TH AVENUE EAST**
CITY-ST-ZIP **BRADENTON FL 34208**

☐ Change ☐ Addition
100003478941-1
11/28/00 01:03:01
*******50.00 *****50.00**

TITLE **MGR** ☐ Delete
NAME **PRESHA, BETTYE**
STREET ADDRESS **880 - 33RD STREET EAST**
CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **MGR** ☐ Delete
NAME **MCELROY, GWEN**
STREET ADDRESS **620 - 29TH STREET EAST**
CITY-ST-ZIP **BRADENTON FL 34208**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

USIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9-1-00

Date

941-747-604

Daytime Phone #

CR2E083 (5/00)