

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 044 ***158.75

DOCUMENT # M10386

1. Entity Name

DOTTIE'S LITTLE RED SKOOL HOUSE, INC.

DO NOT WRITE IN THIS SPACE

80056807

2. Principal Place of Business
RT. 4, BOX 330

3. Mailing Address
RT. 4, BOX 330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRANFORD, FL

City & State
BRANFORD, FL

Zip
32008

Country

Zip
32008

Country

4. FEI Number
59-2486836

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LESLEY E. BOWEN, CPA

Street Address (P.O. Box Number is Not Acceptable)
48 N.E. 15 STREET

FIRST FLOOR

City **HOMESTEAD** **FL** Zip Code **33030**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PT BOYNTON, DOROTHY RT. 4, BOX 330 BRANFORD, FL 32008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BOYNTON, WAYNE RT. 4, BOX 330 BRANFORD, FL 32008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X Dorothy F Boynton Dorothy F Boynton* **P.T. 3-18-02 386-935-0401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)