

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M10386

1. Entity Name

Dottie's Little Red Skool House Inc.



FILED

05 FEB 28 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Dottie's Little Red Skool House Inc. 372 SE Cypress Lane

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Branford

City & State

Florida

4. FEI Number

59-2486836

Applied For

Not Applicable

Zip

33030

Country

LAFFETTE

Zip

32008

Country

MAID. U.S.A.

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lesley E Bowen C.R.A.

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

48 N.B. 15th

City

Holmstead, Florida

FL

Zip Code

33030

DO NOT WRITE  
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. & S. Dorothy P Boynton 372 S.E. Cypress Lane Branford, Fla 32008	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200047869302 03/08/05--01008--008 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	W. & Treasurer Wayne Boynton 372 S.E. Cypress Lane Branford Florida 32008	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy P Boynton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President & Secretary 386-935 0441

Date

Daytime Phone #

CR2E034B (12/02)