## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## **FILED** DOCUMENT # M65288 May 08, 2000 8:00 am Secretary of State PICKETT CHILD DEVELOPMENT CENTER. INC. 05-08-2000 90024 049 \*\*\*150.00 Mailing Address Principal Place of Business 2050 PROVIDENCE RD. 631 W 10TH ST. 2050 PROVIDENCE RD. LAKELAND FL 33805 LAKELAND FL 33805-2320 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2878305 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EDGAR, PICKETT T Street Address (P.O. Box Number is Not Acceptable) 2050 PROVIDENCE ROAD LAKELAND FL 33805 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE TITLE PATTERSON, DELORIS P NAME NAME STREET ADDRESS 2244 OSHKOSH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 CEOD Change ☐ Addition TITLE ☐ Delete PICKETT, III EDGAR NAME NAME 604 W WHITEHURST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \_ CITY-ST-ZIP LAKELAND FL 33805 ☐ Change Addition Delete TITLE TITLE PICKET, EDGAR T NAME NAME 2050 PROVIDENCE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33805 Change □ Addition TITLE ☐ Delete TITLE PICKETT, LENA NAME NAME 2050 PROVIDENCE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33805 Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 by execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 in the corporation of the receiver of of the corporation or the rece changed, or on an attachmen