

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M65741**

1. Entity Name

MRS. PEARSON'S DAY CARE AND LEARNING CENTER, INC**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90105 015 ***150.00

Principal Place of Business

**1401 LONG STREET
LAKELAND FL 33801**

Mailing Address

**1401 LONG STREET
LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2884141**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PEARSON, LINDA S.
520 PEARSON'S PATH
AUBURNDALE FL 33823**

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

Linda S. Pearson

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

(NOTE: Registered Agent signature required when reinstating)

1/7/01

DATE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | PD PEARSON, LINDA S. 520 PEARSON'S PATH AUBURNDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD PEARSON, RICHARD A. 520 PEARSON'S PATH AUBURNDALE FL | <input type="checkbox"/> Delete |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda S. Pearson **Linda S. Pearson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/01

Date

863-665-1497

Daytime Phone #

CR2E034 (10/00)