

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M78497

1. Entity Name

Lynn Haven Child Care, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 29 PM 4:00

Principal Place of Business

Mailing Address

1849 Virginia Avenue
Lynn Haven, FL 32444

same

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
59-2885643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Linda G Hood
1849 Virginia Avenue
Lynn Haven, FL 32444

Name Llewellyn R. Gray

Street Address (P.O. Box Number is Not Acceptable)
1849 Virginia Avenue

City Lynn Haven

FL

Zip Code
32444

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 of Agent or printed name of registered agent and state applicable.

(NOTE: Registered Agent signature required when resigning)

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	ST James D Hood 7940 High Point Road Panama City, FL 32404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Linda G Hood 7940 High Point Road Panama City, FL 32404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Llewellyn R. Gray 1849 Virginia Avenue Lynn Haven, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-04/16/02--01035--015
*****750.00 *****750.00

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Optional Fee: \$

98-02 UBR

3-26-02

3-26-02

Steiner & Company

Certified Public Accountants

Phone (850) 784-0340
Fax (850) 784-4807

1714 West 23rd Street, Suite A
Panama City, Florida 32405

March 27, 2002

Ms. Karon Beyer
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Corporation: Lynn Haven Child Care, Inc.
EIN: 59-2885643
Document #: M78497
Form: Profit Corporation Annual Report

Dear Ms Beyer:

In follow up to our recent telephone conversations, please find enclosed the 2002 Corporation Annual Report for the referenced client.

This client's corporation was dissolved by the state for none filing of the annual report.

We respectfully submit that this client's original renewal form for 1998 was delivered to the previous tax preparer, which failed to assist the client nor return the form to the client for 1998. Therefore the client failed to meet timely filing requirements and did not received proper notice of the forms after 1997.

According to our conversations, the annual renewals for the years and fees are as follows:

Year	Fee
1998	\$150.00
1999	150.00
2000	150.00
2001	150.00
2002	150.00
Total	\$750.00

Please find enclosed a check in the amount of \$750.00, as payment in full for reinstatement.

If you have any questions, please advise.

Sincerely,



William B. Steiner
Certified Public Accountant