2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N00000001519 FILED KIDS - N - CARE LEARNING CENTER INC. 02 OCT 28 AM 9: 05 Principal Place of Business Mailing Address SECRETA Y OF STATE 4429 CYPRESS ST 4429 CYPRESS ST ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address 4.429 cy Press Stra Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE NIA NIM City & State 4. FEI Number Applied For onlando Not Applicable Country Country \$8.75 Additional 3<u>281</u> 6. Name and Address of Current Registered Agent 5. Certificate of Status Desired oran Fee Required 7. Name and Address of New Registered Agent JONES, ESSIE Street Address (P.O. Box Number is Not Acceptable) 4842 VICTORY DR ORLANDO FL 32808 City 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 ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution, Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 T)T) F ☐ Delete TITLE Essie Jones NAME NAME 750 S.O.B.T./Ste 174 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, FL 32805 CITY-ST-ZIP ☐ Delete TITLE c Stephanie Jaggor Change NAME 7505 OB.T. 75te 175 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, Fl 32805 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, FI CITY-ST-ZIP TITLE: V/M-Viola Knight - Change - Addition 3850 Country Club/Apt 310 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, Fl TITLE ☐ Delete Addition Mr. Bobby Water NAME NAME STREET ADDRESS 4600 Lexiox Blvd. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP rlando, ☐ Delete TITLE NAME gggoossaocahi NAME STREET ADDRESS 11/08/02--01080--002 \*\*\*61.25 STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE DEQUIRED

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