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

SIGNATURE:

## Feb 28, 2001 8:00 am Secretary of State DOCUMENT # N00000002040 1. Entity Name 2-28-2001 90012 034 \*\*\*\*61.25 KIDS 'N' CARE CORP. Principal Place of Business Mailing Address 530 31 STREET SOUTH 530 31 STREET SOUTH ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-364-2863 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change CR2E037 (10/00 TITLE PD ☐ Delete TITLE PD Addition SHEETZ, ANDREW GAVIN, SANDRA NAME NAME 728 Clopper Rd STREET ADDRESS 530 31 STREET SOUTH STREET ADDRESS Gaitheisburg, MD 20878-1323 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 Delete Addition TITLE ☐ Change TITLE CHASE, CYNTHIA NAME NAME BRYANT, DOUGLAS 4108 Carnon Ct. STREET ADDRESS STREET ADDRESS 530 31 STREET SOUTH KISSIMMEE, 76 34746 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 SD/TD Delete Change SD TITLE ☐ Addition TITLE GAVIN SANDRA PIERSON, REBECCA NAME NAME 74 Gudfroy Rd. STREET ADDRESS 530 31 STREET SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 Mystic, at Delete TITLE Change Addition TITLE TD NAME CRAUN, LOIS STREET ADDRESS 530 31 STREET SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ynthia A. Chase

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED