1 of 2

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 03 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 29 AM 9:40

DOCUMENT # N01000023378

1. Entity Name
FLOWERS DAY CARE CENTER, INC.

DO NOT WRITE IN THIS SPACE

3/11/03 01006 015 110.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1401 AVENUE E	P.O. BOX 530007
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIVIERA BEACH, FL	City & State: LAKE PARK FLORIDA
Zip: 33404 Country: Palm Beach	Zip: 33403 Country: Palm Beach

4. FEI Number: 65-0961084 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LYNETTE FERRELL

Street Address (P.O. Box Number is Not Acceptable):
87 SILVER BEACH RD

City: RIVIERA BEACH FL Zip Code: 33403

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 _____ DATE 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE P NAME STREET ADDRESS CITY-ST-ZIP	LYNETTE FERRELL 87 Silver Bch Rd RIVIERA BEACH, FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MARVA M LEWIS 3532 Florida Blvd Palm Bch Gdns FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE B NAME STREET ADDRESS CITY-ST-ZIP	ELI BOWER PO BOX 8123 WPB, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
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CR2E037B (12/01)

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

SIGNATURE: Lynette Ferrell 4/29/02 561-742-7290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dear Mrs. Bailey

This Check is for the check that was written for the Corporation that the check was returned because of problems and death in family. I discussed this problem with you over the phone.

I will send the remaining money at the end of the month

DOC # NO1000002378

Yours Truly
Lynette Fowler