

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003328

FILED
Apr 30, 2003
Secretary of State

Entity Name: MAGNOLIA TOP TOTS DEVELOPMENTAL LEARNING CENTER, INC.

Current Principal Place of Business:

598 BENJAMIN ST
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

598 BENJAMIN ST
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3718367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, A. WAYNE
1020 FERDON BLVD S
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STOKES, EDNA
Address: 598 BENJAMIN ST
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: STOKES, NATLIE
Address: 598 BENJAMIN ST
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: BARNES, NAMOI DR
Address: 598 BENJAMIN ST
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: FORD, FLORENCE
Address: 598 BENJAMIN ST
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: MOORE, ALESIA
Address: 598 BENJAMIN ST
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: WILLIAMSON, A. WAYNE
Address: 1020 FERDON BLVD S
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. WAYNE WILLIAMSON

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04/30/2003

Electronic Signature of Signing Officer or Director

Date