

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90078 015 ****70.00

DOCUMENT # N20874
1. Entity Name
TOTS & TODDLERS DAY CARE CENTER INC.

Principal Place of Business	Mailing Address
2861 N.W. 9TH STREET POMPANO BEACH FL 33069	434 E ROAD LOXAHATCHEE FL 33470

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-0021824		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAMIE W. BULLARD 434 E. ROAD LOXAHATCHEE FL 33069	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL 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.	
SIGNATURE	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLARD, MAMIE	NAME	
STREET ADDRESS	434 E. RD	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAYLA BULLARD	NAME	
STREET ADDRESS	434 E. RD	STREET ADDRESS	
CITY-ST-ZIP	LOX FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLARD, JERMAINE	NAME	
STREET ADDRESS	434 E RD	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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	Daytime Phone #
	<i>Mamie Bullard</i>	1/5/01	

CR2E037 (10/00)