

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N95000004850

1. Entity Name

SKILL DAY CENTER, INC.

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90810 006 \*\*\*\*70.00

0054154

Principal Place of Business  
1644 NW 18TH ST.  
OCALA FL 34475  
US

Mailing Address  
P O BOX 5625  
OCALA FL 34478  
US

B0126645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1644 NW 18TH ST  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 5625  
Suite, Apt. #, etc.

City & State  
OCALA FL  
Zip  
34475  
Country  
USA

City & State  
OCALA FL  
Zip  
34478  
Country  
USA

4. FEI Number 59-3343834

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

JONES, CALVIN  
2387 W HWY 316  
CITRA FL 32113

## 7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME JONES, CALVIN  
STREET ADDRESS 2387 W HWY 316  
CITY-ST-ZIP CITRA FL

TITLE AD  
NAME JONES, CATHERINE  
STREET ADDRESS 2387 W HWY 316  
CITY-ST-ZIP CITRA FL

TITLE ST  
NAME YOPP, CECILIA  
STREET ADDRESS 2387 W. HWY 316  
CITY-ST-ZIP CITRA FL 32113

TITLE BM  
NAME JONES, JANET  
STREET ADDRESS 2009 SW 7TH STREET  
CITY-ST-ZIP OCALA FL

TITLE BM  
NAME GOLDNEAR, EVELYN  
STREET ADDRESS 1927 SW 34TH COURT  
CITY-ST-ZIP OCALA FL

TITLE B  
NAME JONES, CALVIS A  
STREET ADDRESS 2387 W HWY 316  
CITY-ST-ZIP CITRA FL 32113

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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: *Calvin Jones* JUNE 28 352 35/405

CR2E037 (9/01)