

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-13-2002 90222 004 ****61.25

DOCUMENT # N95000005803

1. Entity Name

POMPANO BEACH PRESCHOOL PTC INC.

Principal Place of Business

Mailing Address

1801 N.E. 6TH STREET
POMPANO BEACH FL 33060

1801 N.E. 6TH STREET
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0628024

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, KELLY
1801 N.E. 6TH STREET
POMPANO BEACH FL 33060

Name **SHARON LEMAY**

Street Address (P.O. Box Number is Not Acceptable)

2400 N.E. 10 CT. #5

City **POMPANO BEACH**

FL

Zip Code **33062**

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

Sharon A. Lemay

(NOTE: Registered Agent signature required when reinstating)

1/25/02

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **CARSON, KELLY**
STREET ADDRESS **581 SE 11TH ST**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **P** ☒ Change ☐ Addition
NAME **SHARON LEMAY**
STREET ADDRESS **2400 N.E. 10 CT. #5**
CITY-ST-ZIP **POMPANO, BEACH, FL 33062** **D**

TITLE **VPD** ☐ Delete
NAME **WILKES, MARILYN**
STREET ADDRESS **6313 NW 42ND TERRACE**
CITY-ST-ZIP **COCONUT CREEK FL 33023**

TITLE **VP** ☒ Change ☐ Addition
NAME **WILKES, MARILYN**
STREET ADDRESS **6313 NW 42nd Terr**
CITY-ST-ZIP **COCONUT CREEK FL 33023** **D**

TITLE **TD** ☐ Delete
NAME **BRICKETTO, ROBIN**
STREET ADDRESS **1041 S.E. 7TH AVE.**
CITY-ST-ZIP **POMPANO BEACH FL** **D**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **HADEN, KAREY**
STREET ADDRESS **4185 BAY LAUREL WAY**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **S** ☒ Change ☐ Addition
NAME **JULIE Bernhart**
STREET ADDRESS **111 N.W. 18 STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33060** **D**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Sharon A. Lemay* **SHARON A. LEMAY**

1/25/02 **(954) 786-4180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)