2001 UNIFORM BUSINESS REPORT (UBR)

Jul 23, 2001 8:00 am DOCUMENT # N98000004728 **Secretary of State** 1. Entity Name 07-23-2001 90002 044 ****61.25 B AND B EARLY CHILDHOOD EDUCATIONAL AND DEVELOPM Principal Place of Business Mailing Address 915 SW 3RD ST 915 SW 3RD ST AUUVAKSY HAVANA FL 32333 HAVANA FL 32333 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State - -Applied For 4. FEI Number. 59-3525901 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GREEN, JEANETTE 940 SIKES ST QUINCY FL 32351 City 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** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition RICHARDSON, FERTRINA NAME 7/12/01 To Whom It May Concern; BiB Early Childhood Educational and Developmental Ctr., Inc did not STREET ADDRESS 915 SW 3RD ST CITY-ST-ZIP HAVANA FL TITLE FRANKLIN, MARGARET STREET ADDRESS 915 SW 3RD ST CITY-ST-ZIP HAVANA FL TITLE RICHARDSON, ROBERT NAME 915 SW 3RD ST STREET ADDRESS CITY-ST-ZIP HAVANA FL ED TITLE OGDEN, BRENDA NAME STREET ADDRESS 915 SW 3RD ST CITY-ST-7IP HAVANA FL 32333 TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 regioner or trustee empowered to skeptute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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