

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001831

1. Entity Name

Twinkle Toes Child Care

Principal Place of Business

Mailing Address

399 N. Orange Ave

Orange City, FL 32763

2. Principal Place of Business

399 N. Orange Ave

Suite, Apt. #, etc.

3. Mailing Address

399 N. Orange Ave

Suite, Apt. #, etc.

City & State

Orange City, FL

City & State

Orange City, FL

4. FEI Number

59-3659494

Applied For

Not Applicable

Zip

32763

Country

USA

Zip

32763

Country

USA

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

Name

Brad Benton

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

399 N. Orange Ave

City

Orange City

FL

Zip Code

32763

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

Brad Benton

Share Holder/Operator

4-5-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

☐

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Kathy Wellmaker
Owner
399 N. Orange Ave
Orange City, FL 32763

☐ Delete

Share Holder/Director
Brad Benton
517 Donaldson Drive
DeBary, FL 32713

☐ Delete

Share Holder
Sharon Benton
517 Donaldson Drive
DeBary, FL 32713

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brad Benton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 904-75-7867

Date

Daytime Phone #

CR2E034 (11/00)