## FOR PROFIT CORPORATION 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 24, 2002 8:00 am Secretary of State

DOCUMENT # P00000004895  1. Entity Name  EDUCATIONAL CHILD CARE CENTER, INC.							05-24-2	_		***150.00	
			IN THIS SI	PACE							
2. Principal Place of Business       3. Mailing Address         -1-24-5-NE-1-8/PH-AVE       1.21.5_NE-1.8					VE						
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·	- 45
City & State GAINESVILLE, FL			City & State GAINESVILLE,				50 3633655 H		Applied For Not Applicable	}	
Zip 3 2	32609 Country ALACHUA		<sup>Zip</sup> 32609ರ	Country ALAC	CHUA	5. Certifi	icate of Status Desired		\$8.75 Fee Req	Additional juired	}
		· · · · · · · · · · · · · · · · · · ·				7. Name a	and Address of Currer	it Registered	Agent		1
DO NOT WRITE IN THIS SPACE					Name VIN	NSON, JOYCE					
					Street Address	(P.O. Box Number is Not Acceptable)					1
					121	5 NE	18TH AVE			<del></del>	1
					City GAI	INESVILLE FL Zip Code 32609				Code	1
8. The above	e named entit	y submits this statement for	the purpose of changing its	registered o	office or registe	ered agent, o	r both, in the State of F	lorida.		2009	1
SIGNATURE	Signature, Ivoed	or printed name of registered agent a	nd title if applicable (NOTE	- Denistated An	ent signature require	of unbouncement of in					
6 This corn			January 1 - M			O WHEN TEILS (26)	g/ 	DATE			┨
Tax filing		ible to satisfy its Intangible and elects to do so.	After May	1, Fee is \$! I UBR is \$!	550.00 61.25	i	Election Campaign F Trust Fund Contribut		\$! ] Ad	5.00 May Be Ided to Fees	
11.	PVST	OFFICERS AND D		1							1
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13. Thereby of	ertify that the	e information supplied with the	his filing does not qualify for t	he exemption	on stated in Se	ction 119.07	(3)(i), Florida Statutes.	I further certi	ify that th	e information	İ

13. I hereby certify that the information supplied with this filling 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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

age Vinson

Joyce Vinson, Director

04/30/02 352-264-9888

Daytime Phone ∉

Date