FILED May 14, 2002 8:00 am § Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P00000025511 DOCUMENT # 1. Entity Name 05-14-2002 90201 022 ***150.00 TRACEY'S HOME DAYCARE, INC. Principal Place of Business Mailing Address 916 GRAND CANYON DR. 916 GRAND CANYON DR. VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address 2134 Brancon Parti C 2134 Brandon Parte Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Brandon 59-3645461 Brandor Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33510 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIGGERS, TRACEY R Street Address (P.O. Box Number is Not Acceptable) 916 GRAND CANYON DR. VALRICO FL 33594 Brandon Parti Cir 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Delete TITLE ☐ Addition CR2E034 (9/01 **BIGGERS, JASON M** NAME NAME 916 GRAND CANYON DR. STREET ADDRESS 2134 Brandon ParteCir STREET ADDRESS VALRICO FL 33594 CITY-ST-7IP CITY-ST-ZIP Brandon, FL 33510. TITLE ☐ Delete TITLE ☐ Addition NAME BIGGERS, TRACEY R NAME 2134 Brandon Parte Cir STREET ADDRESS 916 GRAND CANYON DR. STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP Brandon FL 33570 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition