Applied For

Not Applicable

CR2E034 (10/00)

FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000027409

Apr 16, 2001 8:00 am Secretary of State 04-16-2001 90001 047 \*\*\*150 00 ANNA'S ANGELS CHILDCARE CENTER, INC. Principal Place of Business Mailing Address 801 THIRD AVENUE 801 THIRD AVENUE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State 59 - 3633*8*8 Zip Country Zip 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 ATKINSON, ANNA M Street Address (P.O. Box Number is Not Acceptable) **801 THIRD AVENUE** SATELLITE BEACH FL 32937 Zip Code City 8. The above named entity submina 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. VICE · President TITLE ☐ Delete TITLE Kenneth M. Atkinson, JR 725 Poinsetta DR NAME ATKINSON, ANNA M NAME STREET ADDRESS STREET ADDRESS 725 POINSETTA DRIVE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SAKULILO BEACH, FC 32937 CITY-ST-7IP CITY-ST-ZIP SATELLITE BEACH FL 32937 TITLE ☐ Change ☐ Addition TITLE X) Delete DERRICK, DENISE L NAME NAME STREET ADDRESS STREET ADDRESS 189 SEA PARK BLVD. CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

SIGNATURE: