

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90041 002 ***150.00

DOCUMENT # P00000031306

1. Entity Name
WEE CARE LEARNING CENTERS, INC.



Principal Place of Business
**2250 FAIR MOUNT DRIVE
SEBRING FL 33870**

Mailing Address
**2250 FAIR MOUNT DRIVE
SEBRING FL 33870**

2. Principal Place of Business
3820 Sebring Pkwy
Suite, Apt. #, etc.

3. Mailing Address
3820 Sebring Pkwy
Suite, Apt. #, etc.

City & State
Sebring FL
Zip
33870

City & State
Sebring FL
Zip
33870

4. FEI Number **65-0995821**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LOEWY, COLLEEN
2324 PINWOOD BOULEVARD
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LOEWY, COLLEEN | |
| STREET ADDRESS | 2324 PINWOOD BLVD. | |
| CITY-ST-ZIP | SEBRING FL 33870 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Loewy Colleen | |
| STREET ADDRESS | 4321 Shad Dr. | |
| CITY-ST-ZIP | Sebring FL 33870 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 **(863) 471-2435**
Date Daytime Phone #

CR2E034 (10/02)