

9/21/01-90007-036-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000031972**1. Entity Name
SMILING FACES CENTER FOR CHILDREN, INC.**FILED**
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**01 OCT 22 PM 4:20**Principal Place of Business
2118 15 AVE EAST
BRADENTON FL 34208Mailing Address
2118 15 AVE EAST
BRADENTON FL 34208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0996135

Applied For

Not Applicable

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

BROWN, LESHIA
2118 15 AVE EAST
BRADENTON FL 34208

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.

SIGNATURE

Leshia A. Brown
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

8-1-019. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Owner/Operator
Leshia A. Brown
3407 30th Lane E
Bradenton, FL 34208TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE ☐ 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: *Leshia A. Brown* **8-1-01** **(941) 746-5999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR20034 (5/01)