

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037059

1. Entity Name

NURTURING CARE Children's Center Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

510 NE 2nd Street

Suite, Apt. #, etc.

3. Mailing Address

510 NE 2nd Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

Zip
33435

Country
USA

City & State

BOYNTON BEACH, FL

Zip
33435

Country
USA

4. FEI Number

65-1055923

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gwendolyn Lewis

Street Address (P.O. Box Number is Not Acceptable)

207 NE 6th Avenue

City

BOYNTON BEACH FL

Zip Code

33435

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Gwendolyn A. Lewis
207 NE 6th Avenue
BOYNTON BEACH, FL 33435

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11/07/02-00000001 **150.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with or without other like empowered.

SIGNATURE

Gwendolyn A. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☒

Nov. 6, 2002

Daytime Phone #

ORIGINAL form never received

CR2E034B (12/01)

NURTURING CARE CHILDRENS CENTER INC.
510 NE 2nd Street
Boynton Beach, FL 33435

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document #P00000037059
2002 Uniform Business Report Filing

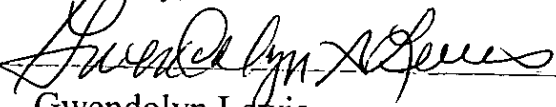
To Whom It May Concern:

Upon looking at our corporate filing information on the internet, we have just noticed that our corporation is listed as inactive and dissolved. We did not receive the form to be filed for this year. As advised, we have printed the necessary form from the website and completed it.

We are enclosing the form along with our check in the amount of \$150.00 for the annual filing fee. Our address is correct as shown above and on the public inquiry, but we have had problems with not receiving other mail also.

Your prompt consideration and attention to filing our annual report in order to return our corporation status to active will be greatly appreciated.

Sincerely,


Gwendolyn Lewis
Registered Agent