

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 000000053886

1. Entity Name *First Class maintenance service and Kidz Palace Daycare, INC*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 14 PM 12:04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
TALLAHASSEE, FL

3. Mailing Address
2626 E. PARK AVE

DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE FL

City & State

4. FEI Number
01-0607030

Applied For
Not Applicable

Zip
32358

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JACQUES G AMILCAR

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

2626 E Park Ave

City
Tallahassee FL

FL

Zip Code
32358

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C.O. JACQUES AMILCAR
1729 W. 65th Place
INDP. IND 46260

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600015860506
04/14/03--01055--001 **8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Executive officer
Samuel E. Footman
1728 W. 65th Place, Indp. Ind.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600015860506
04/14/03--01053--001 **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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-03

CR2E034B (12/01)