2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000067810 **DOCUMENT #**

1. Entity Name

WEE CARE CHILDCARE, INC.



Apr 18, 2003 8:00 am 5 Secretary of State **FILED**

04-18-2003 90198 005 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 A Fee Requit 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, MIRIAM 1027 ALLMAN AVENUE LEHIGH ACRES FL 33971 City FL Zip Co 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 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) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00	oplied For ot Applicable ditional d
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increase 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.