

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90399 008 ***158.75

DOCUMENT # P00000072641

1. Entity Name
PRECIOUS YEARS CHILDCARE & PRESCHOOL, INC.

Principal Place of Business

3300 S. CONWAY RD
ORLANDO FL 32812

Mailing Address

3300 S. CONWAY RD
ORLANDO FL 32812

2. Principal Place of Business

3300 S Conway Rd
 Suite, Apt. #, etc.

3. Mailing Address

1035 Bluejack Oak Dr
 Suite, Apt. #, etc.

City & State

Orlando, FL 32812

City & State

Oviedo, FL

4. FEI Number

59-3661669

☒ **Applied For**

☐ **Not Applicable**

Zip

32812

Country

Orange

Zip

32765

Country

Seminole

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PADILLA, ROSINA
1035 BLUEJACK OAKS DR
OVIEDO FL 32765

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.

SIGNATURE *Rosina Padilla, President*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/30/02
 DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	PADILLA, ROSINNA	
STREET ADDRESS	1035 BLUEJACK OAK DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	T Padilla, Rosina	<input type="checkbox"/> Delete
NAME	1035 Bluejack Oak Dr	
STREET ADDRESS	OVIEDO, FL 32765	
CITY-ST-ZIP		
TITLE	S Padilla, Rosina	<input type="checkbox"/> Delete
NAME	1035 Bluejack Oak Dr	
STREET ADDRESS	OVIEDO, FL 32765	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Rosina Padilla, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

Daytime Phone #

CR2E034 (9/01)