2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000073553

1. Entity Name

PERKINSON DAY CARE CENTERS, INC.



FILED May 01, 2003 8:00 an Secretary of State 05-01-2003 90260 008 ***150.00

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Principal Plac	ce of Business		Mailin	g Address								
749 S ORANO	GE ST		749 S	ORANGE ST			ŀ					
STARKE FL 3				KE FL 32091								
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2. Principal F	Place of Busine	ess	3. Mail	ing Address	Address			1 I G B I I B B B I I I B B B I I B B I I B B I I B B I I I B B I I I B B I I I B B I I I B B I I I B B I I I		1 61181 4	HEB IIN IBBI	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.									
Suno, Apt. II, old.				Solid, Apr. A. Sto.				CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4.	4. FEI Number 59-3673034			plied For		
										Not Applicable		
Zip Country		Zip	Zip Coun			5. Certificate of Status Desired \$8.75 Ad Fee Require						
6. Name and Address of Current Registered Agent				d Agent	l		7. 1	7. Name and Address of New Registered Agent				
						Name						
PERKINS	ON, KENNA	I				Street Address (P.O. Box Number is Not Acceptable)						
RT 4, BO		_				Street Addres	ss (P.O. b	Sox Number is Not Acceptable)				
STARKE I					ĺ							
011111111	2 02001				-	City			- ∎ Zir	Code		
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	named entity tions of registe		ent for the purpo	ose of changing its	registere	d office or regis	stered ag	ent, or both, in the State of Florida.	am familiar	with, a	and accept	
ino obliga												
SIGNATURE .	Signature, typed o	r printed name of registered	Laggest and title if ann	inable (NOT	E: Dogistores	Agent signature requ	Hirad when re	einstating) DA	TE .			
-,-, :						- Agent signature requ	CIII WII CII T	T SA		—–		
		FEE IS \$150.00						9. Election Campaign Financing	9	65.00) May Be	
	• '	3;Fee will be \$55 Florida Departme						Trust Fund Contribution.			to Fees	
10. ·	t rayable to	-	AND DIRECTO		11.		AP	DDITIONS/CHANGES TO OFFICERS A	אוט טופבר	TORS	INI 11	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 5