

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-18-2003 90181 001 \*\*\*\*\*8.75  
07-18-2003 90181 002 \*\*\*150.00

**DOCUMENT # P00000081858**

1. Entity Name  
**ACTIVELY BELIEVING IN CHILDREN, INC.**



Principal Place of Business  
**1420 LOUISIANA AVE  
SAINT CLOUD FL 34769**

Mailing Address  
**6220 E IRLO BRONSON HWY  
ST CLOUD FL 34771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3671404**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISH, MARGARET  
6220 E IRLO BRONSON HWY  
ST CLOUD FL 34771**

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. I am familiar with, and accept 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)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **-VP** ☐ Delete  
NAME **FISH, EVAN**  
STREET ADDRESS **6220 E IRLO BRONSON HWY**  
CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **FISH, MARGARET**  
STREET ADDRESS **6220 E IRLO BRONSON HWY**  
CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **DUKE, JENNIFER**  
STREET ADDRESS **5675 JONES RD**  
CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Jennifer Wilson**  
STREET ADDRESS **321 18th Street**  
CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/03 (407) 892-2205**

CR2E034 (4/03)

*Attachment*

ACTIVELY BELIEVING IN CHILDREN, INC  
1420 LOUISIANA AVE.  
ST. CLOUD, FL. 34769

55051702  
#P00000081858

TO WHOM IT MAY CONCERN:

AS THE PRESIDENT OF THE ABOVE TITLED CORPORATION I AM WRITING YOU TO SAY  
THAT WE DID NOT RECEIVE THE FIRST UNIFORM BUSINESS REPORT THAT WAS SENT.

ATTACHED IS OUR 2003 UBR WITH A CHECK FOR 150.00

THANK YOU,

MARGARET FISH  
PRESIDENT

*Margaret Fish*