

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90090 006 ***550.00

DOCUMENT # P00000098112

1. Entity Name
NANNIE & LEES LITTLE ANGELS CHILD CARE, INC.

Principal Place of Business

**140 A WEST AVE.
EATONVILLE FL 32751**

Mailing Address

**140 A WEST AVE.
EATONVILLE FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eatonville FL

City & State

Maitland FL

Zip

Country

32751

Orange

Zip

Country

32751

Orange

6. Name and Address of Current Registered Agent

**SHOEMO, JUANITA
140 A WEST AVE.
EATONVILLE FL 32751**

4. FEI Number **59-3698304**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Juanita Shoemo**
Street Address (P.O. Box Number is Not Acceptable) **802 Brentwood Ave**
City **A/H. sprs** **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 **Juanita Shoemo**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9-12-02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **DP SHOEMO, JUANITA**
STREET ADDRESS **140 A WEST AVE.**
CITY-ST-ZIP **EATONVILLE FL 32751**

TITLE ☐ Delete
NAME **DV AURGRO, MARILYN**
STREET ADDRESS **140 A WEST AVE.**
CITY-ST-ZIP **EATONVILLE FL 32751**

TITLE ☐ Delete
NAME **DT SHOEMO, LELIA**
STREET ADDRESS **140 A WEST AVE.**
CITY-ST-ZIP **EATONVILLE FL 32751**

TITLE ☐ Delete
NAME **S JEFFERSON, DIANNA**
STREET ADDRESS **140 A WEST AVE.**
CITY-ST-ZIP **EATONVILLE FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Juanita Shoemo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9-12-02** DAYTIME PHONE # **407-339-3272**

CR2E034 (4/02)