

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90157 032 \*\*\*550.00

**DOCUMENT # P00000100934**

1. Entity Name

**MOSS'S LITTLE LAMB DAY CARE, INC.**

Principal Place of Business

**8049 JOFFRE DR.  
 JACKSONVILLE FL 32210**

Mailing Address

**8049 JOFFRE DR.  
 JACKSONVILLE FL 32210**

2. Principal Place of Business

**5211 Timuquana Rd**

3. Mailing Address

**5211 Timuquana Rd #1**

Suite, Apt. #, etc.

**#1**

Suite, Apt. #, etc.

**Ste #1**

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE FL**

Zip

**32210**

Country

**USA**

Zip

**32210**

Country

**USA**

4. FEI Number

**59-3684118**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MOSS, TRAVIS  
 8049 JOFFRE DR.  
 JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name **MOSS, TRAVIS**

Street Address (P.O. Box Number is Not Acceptable)

**5211 Timuquana Rd #1**

City

**JACKSONVILLE**

FL

Zip Code

**32210**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**

**After September 12, 2001 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 **P MOSS, TRAVIS**  
 STREET ADDRESS **8049 JOFFRE DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete  
 NAME **V MOSS, ROSALIND**  
 STREET ADDRESS **8049 JOFFRE DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete  
 NAME **T WILLIAMS, ANDRINA**  
 STREET ADDRESS **PO BOX 9133**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
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 CITY-ST-ZIP

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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: **ROSALIND MOSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/01 904-771-7388**

Date

Daytime Phone #

CR2E034 (5/01)