

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90443 045 ***150.00

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DOCUMENT # P01000000794

1. Entity Name
THE CHILD CARE CONNECTION, INCORPORATED



Principal Place of Business
**10367 MONACO DR
JACKSONVILLE FL 32218**

Mailing Address
**10367 MONACO DR
JACKSONVILLE FL 32218**

11001498



2. Principal Place of Business

10367 MONACO DR.

3. Mailing Address

10367 MONACO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number **59-3692694**

Applied For
Not Applicable

Zip
32218

Country
DAVAL

Zip
32218

Country
DAVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WASHINGTON, MANER
1408 SECRETARIAT LANE S
JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name
George L. Washington

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

1408 SECRETARIAT LANE S

City
JACKSONVILLE

FL

Zip Code
32218

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 **George L. Washington - President**

4-19-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WASHINGTON, MANER
1408 SECRETARIAT LANE S
JACKSONVILLE FL 32218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/S/T
MANER WASHINGTON
1408 SECRETARIAT LANE S
JACKSONVILLE, FL 32218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/M
George L. Washington
1408 SECRETARIAT LANE
JACKSONVILLE, FL 32218**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: **George L. Washington**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-03 **904/751-5176**
Date Daytime Phone #

CR2E034 (10/02)