

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90120 031 \*\*\*150.00

00565616 AV

**DOCUMENT # P01000001227**

1. Entity Name

**LULU'S TINY TOTS DAYCARE, INC.**



Principal Place of Business

Mailing Address

**584 S. BREVARD AVE  
ARCADIA FL 34266**

**P.O. BOX 1553  
ARCADIA FL 34266**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1073331**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TIERNEY, MICHAEL L SR  
3 SEVILLA AVE  
ARCADIA FL 34266**

Name

**TIERNEY, MICHAEL L SR.**

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

**584 S. BREVARD AVE.**

City

**ARCADIA**

FL

Zip Code

**34266**

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]*

**MICHAEL L TIERNEY SR.**

**4/26/03**

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 **D** ☒ Delete  
NAME **TIERNEY, MICHAEL SR**  
STREET ADDRESS **513 FLEMING ST, STE 1**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **DIRECTOR - VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **TIERNEY, MICHAEL SR**  
STREET ADDRESS **584 S. BREVARD AVE.**  
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR - PRESIDENT** ☐ Change ☒ Addition  
NAME **TIERNEY, MARIA**  
STREET ADDRESS **584 S. BREVARD AVE.**  
CITY-ST-ZIP **ARCADIA, FL 34266**

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/03**  
Date

**(863)993-0796**  
Daytime Phone #

CR2E034 (10/02)