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

**DOCUMENT #** 

1. Entity Name

P01000001383

LITTLE ONES DEVELOPMENT AND LEARNING CENTER, INC



## **FILED** Jul 21, 2003 8:00 am Secretary of State 07-21-2003 90358 006 \*\*\*150.00

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Principal Place of Business  150 SE PALM ME HIGH SPRINGS PL 2040  2. Principal Place of Business  Suite. April 4, etc.   City & State   City & State   City & State   City & State   April 4, etc.   City & State   City & Stat	•			1	WEIN			
2. Principle Page of Business  3. Malling Actives  Suite, Apt. #, etc.  City & State	1520 SE PALI	M AVE	1520 SE PALM AVE				28/11	<b>1</b> : 1 <b>:12:</b> 1:14: 1 <b>:1</b> 2:
City & State  City & State  City & State  City & State  A, FEI Number 59-9880457  A, FEI Number	2. Principal P	lace of Business	3. Mailing Address			4 10611061 141 00161 11711 67111 00114 1	ANAR NORTH ON THE STATE OF THE	<b>a</b> i 1 <b>8188</b> 1915 1 <b>88</b> 5
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S. Certificate of Status Desired   Fee Required   F	City & State	e .	City & State			4. FEI Number 59-3680457	<del></del>	<del></del>
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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 repert or applicant are provided accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	CITY-ST-ZIP		<del></del>	CITY-ST-ZIP				
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on the composition of the receiver principle empowered to execute this yeapon as required by Chapter 607, Horida 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.	of the corr	poration of the receiver of trustee empirior on an attachment with an address.	owered to execute this report a with all other like empowered.	is required by Ch	napter 607	, Florida Statutes; and that my name ap	pears in Block 10 c	or Block 11 if

Affalmens

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MEMO 2) DOS	One Hundred Fifty and	LITTLE ONES DEVELOR & LEARNING CENTER, 1520 SE PALM AVE. HIGH SPRINGS, FL 32643 PH. 386-454-8701 PAY TO THE Initial Department of State	Y01000001383
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