

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90322 006 \*\*\*550.00

**DOCUMENT # P01000003455**

1. Entity Name  
**SUNSHINE N GIGGLES CHILDCARE CENTER, INC.**

Principal Place of Business      Mailing Address  
 11811 STATE ROAD 52              11811 STATE ROAD 52  
 HUDSON FL 34669-3090            HUDSON FL 34669-3090

2. Principal Place of Business      3. Mailing Address  
**9918 Passaic Dr**                      **9918 PASSAIC DR**

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State  
**HUDSON FLA**                            **HUDSON FLA**

Zip    Zip    Country                                      Country  
**34667**                                      **34667**                                      **USA**                                      **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

4. FEI Number                              Applied For  
**59-3531086**                               Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **Cheryl Victor**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9918 PASSAIC DR**  
 City **HUDSON**                              FL                                      Zip Code **34667**

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 *Cheryl Victor*                                      DATE **7/15/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	PSTD VICTOR, CHERYL L	<input type="checkbox"/> Delete
STREET ADDRESS	11811 STATE ROAD 52	
CITY-ST-ZIP	HUDSON, FL 34669-3090	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PSTD VICTOR, CHERYL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9918 PASSAIC DR	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Cheryl Victor*                                      DATE **7/15/02**                                      727-818-8457  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                      Daytime Phone #

CR2E034 (4/02)