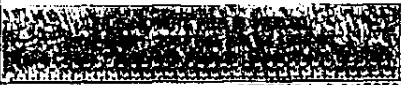
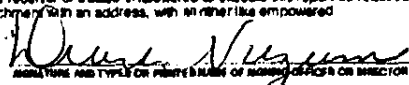


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91519 046 ***150.00

DOCUMENT # P01000006706					
1. Entity Name DOODLEBUGS CHILDCARE FACILITY, INC.					
Principal Place of business 3512 DEPEW CIRCLE PORT CHARLOTTE, FL 33952			Mailing Address 3512 DEPEW CIRCLE PORT CHARLOTTE, FL 33952		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 65-1076834				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NUZUM, DIANE 3612 DEPEW CIRCLE PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, Print or Stamp name of registered agent and UBR filer (if applicable) (NOTE: Registered Agent's printed name must be included) DATE _____					
				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 NUZUM, DIANE ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	3269 CONWAY BLVD		NAME		
STREET ADDRESS	PORT CHARLOTTE, FL 33952		STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE	D NUZUM, HALEY ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	889 ENNIS TERR		NAME		
STREET ADDRESS	PT CHARLOTTE, FL 33948		STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			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 in an attachment to an address, with an officer like empowered.					
SIGNATURE: 			Date: April 24, 2003 941-627-5433		
SIGNATURE AND TITLE OR PRINT NAME OF REGISTERED AGENT OR DIRECTOR Diane Nuzum					

CREC34 (10/02)