

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

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90215 018 ***158.75

DOCUMENT # *P01000010282*

1. Entity Name

First Class Childcare and Education Centers, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6841 W. Colonial Dr.

Suite, Apt. #, etc.

Orlando, FL

City & State

3. Mailing Address

882A Orienta Ave

Suite, Apt. #, etc.

Altamonte Springs, FL.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3698674

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip
32818

Country *USA*
Orange

Zip
32701

Country *USA*
SEMINOLE

7. Name and Address of Current Registered Agent

Name *Cyndi Terry*

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

882A Orienta Ave

City *Altamonte Springs*

FL

Zip Code
32701

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Cyndi Terry (Cyndi Terry) President

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

(NOTE: Registered Agent signature required when reinstating)

8/9/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>PRESIDENT / SECRETARY</i>
NAME	<i>CYNDI TERRY</i>
STREET ADDRESS	<i>882A ORIENTA AVENUE</i>
CITY-ST-ZIP	<i>ALTAMONTE SPRINGS, FL 32701</i>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cyndi Terry (Cyndi Terry)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/02

DATE

407-578-7333

DAYTIME PHONE #

CR2E034B (12/01)

Attachment
Cyndi Terry
882 A Orienta Avenue
Altamonte Springs, Fl. 32701
407-830-4946

677133
#P01000010782

August 9, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. BOX 1500
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

This letter is to let you know that I did not receive my Uniform Business Report for filing on time. I called on July 24, 2002 and spoke with Mr. Matt Andrews and was informed that he would send me out a new report and to submit it with the fee of \$150.00.

Please find my completed report and check enclosed.

The Corporation name is:

First Class Childcare and Education Centers, Inc.

The Tax I.D. # is:

59-3698674

If you have any questions, please feel free to contact me at 407-830-4946 or 407-578-7333.

Thank you,

Cyndi Terry

Cyndi Terry, President