

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91896 003 ***150.00

0194978 AV

DOCUMENT # P01000013525

1. Entity Name
BRIGHT HORIZONS OF GREENWOOD, INC.



Principal Place of Business
**5140 PERIGNON WAY
CORAL SPRINGS FL 33067**

Mailing Address
**5140 PERIGNON WAY
CORAL SPRINGS FL 33067**



2. Principal Place of Business

9565 NW 27 ST
Suite, Apt. #, etc.

3. Mailing Address

6797 NW 110 WAY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS, FLORIDA

City & State
PARKLAND, FLORIDA

4. FEI Number
65-1075494

Applied For
☐ Not Applicable

Zip
33065

Country
USA

Zip
33076

Country
USA

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

6. Name and Address of Current Registered Agent

COELHO, VAL
5140 PERIGNON WAY
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name
COELHO, VAL
Street Address (P.O. Box Number is Not Acceptable)
6797 NW 110 WAY
City
PARKLAND FL Zip Code
33076

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

(NOTE: Registered Agent signature required when reinstating)

DATE
4/30/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COELHO, VAL
5140 PERIGNON WAY
CORAL SPRINGS FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COELHO, VAL
6797 NW 110 WAY
PARKLAND, FL 33076 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

REQUIRED VAL COELHO

DATE
4/30/03

DAYTIME PHONE #
954-658-2253

CR2E034 (10/02)