2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State
08-06-2002 90128 042 ***550.00

DOCUMENT # P01000021501

1. Entity Name
SUNFLOWER FAMILY CHILD CARE, INC. ✓

Principal Place of Business	Mailing Address
1791 SW MORELIA LANE PORT ST. LUCIE FL 34953	1791 SW MORELIA LANE PORT ST. LUCIE FL 34953

41915

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1791 SW Morelia Lane	1791 SW Morelia LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State: Port St Lucie, FL
Zip: 34953 Country: USA	Zip: 34953 Country: USA

4. FEI Number 65-1079886 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DANIELE, NILSA — President
1791 SW MORELIA LANE
PORT ST. LUCIE FL 34953

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Nilsa Daniele 1791 SW Morelia Lane Port St. Lucie, FL 34953 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nilsa Daniele SIGNATURE REQUIRED — 7/27/02 — 772-344-6006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #