

2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**
FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91775 020 ***150.00

DOCUMENT # P-01000030936			
1. Entity Name MORNING STAR INFANT & CHILD DAYCARE, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 105 E BAKER ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Clermont, FL		City & State	
Zip 34711	Country	Zip	Country
4. FEI Number 59-3700390		Applied For Not Applied	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent:			
Name AZALEA MEDINA			
Street Address (P.O. Box Number is Not Acceptable) 105 E BAKER ST			
City Clermont		FL Zip Code 34711	
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		DATE	
Signature (typed or printed name of registered agent and fee 1 to be paid)		NOTE: Registered Agent signature required when registering.	
January 1 - May 1, Fee is \$150.00		May 1 - May 31, Fee is \$55.00	
After May 1, Fee is \$550.00		May 31 - May 31, Fee is \$55.00	
Amended UBR is \$61.25		Trust Fund Contribution is \$10.00	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
President AZALEA MEDINA 105 E BAKER ST CLERMONT, FL 34711			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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. 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 on an attachment with an address. With all other, like empowered.			
SIGNATURE: <i>Azalea J. Medina</i>		4/30/03 (352) 242-4470	