

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-27-2002 90365 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000032075
1. Entity Name
BENTLEYS FAMILY HOME DAY CARE, INC.

Principal Place of Business Mailing Address
7106 BERRYWOOD LANE 7106 BERRYWOOD LANE
JACKSONVILLE FL 32277 JACKSONVILLE FL 32277

2. Principal Place of Business 3. Mailing Address
SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
~~Zip Country Zip Country~~

4. FEI Number **59-3706732** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

95040



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BENTLEY, CAROLYN F
7106 BERRYWOOD LANE
JACKSONVILLE FL 32277

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.
SIGNATURE _____ (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 \$150.00
After May 1, 2002 Fee will be \$550.00
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CAROLYN BENTLEY 7106 BERRYWOOD LANE JACKSONVILLE FL 32277	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JIMMY BENTLEY 7106 BERRYWOOD LANE JACKSONVILLE FL 32277	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED** *Carolyn Bentley* Date *6/27/02* Daytime Phone # *744-9811*

CR2E034 (9/01)