

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90349 039 ***150.00

DOCUMENT # PO1000036620

1. Entity Name A Little Heaven's Child Care Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

A Little Heaven's Child Care Inc.

3. Mailing Address

A Little Heaven's Child Care Inc.

Suite, Apt. #, etc.

4104 Apalachee Parkway

Suite, Apt. #, etc.

4104 Apalachee Parkway

City & State

Tallahassee, fl.

City & State

Tallahassee, fl.

Zip

32311

Country

LEON

Zip

32311

Country

LEON

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3598878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Alison Ruth Townsend

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

9438 Wakulla Spring Rd.

City

Tallahassee

FL

Zip Code

32305

**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

Alison Ruth Townsend

Alison Ruth Townsend President 4-30-02

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Alison Ruth Townsend
9438 Wakulla Spring Rd.
Tallahassee, fl. 32305

TITLE
NAME
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CITY-ST-ZIP

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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:

Alison Ruth Townsend

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

1056-7195

Daytime Phone #

CR2E034B (12/01)