

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

**FILED**  
**May 31, 2002 8:00 am**  
**Secretary of State**

05-31-2002 90001 023 \*\*\*158.75

DOCUMENT # P01000052411

1. Entity Name

TODDLER TECH ACADEMY OF PENSACOLA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4506 TWIN OAKS DR

Suite, Apt. #, etc.

3. Mailing Address

PSC 556 BOX 0084

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FL

City & State

FPO AP

4. FEI Number

59-3726654

Applied For

Not Applicable

Zip

32507

Country

US

Zip

96386

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JONAS FAIRLEY

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

1053 W. GONZALEZ ST.

City

PENSACOLA

FL

Zip Code

32501

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

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	LORETTA M. RICHARDSON
STREET ADDRESS	PSC 556 BOX 0084
CITY - ST - ZIP	FPO AP 96386
TITLE	VICE PRESIDENT
NAME	GREGORY L. RICHARDSON
STREET ADDRESS	PSC 556 BOX 0084
CITY - ST - ZIP	FPO AP 96386
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE  
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:

GREGORY L. RICHARDSON

28 APR 02 011816117374030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)