FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90040 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052411

1. Entity Name
TODDLER TECH ACADEMY OF PENSACOLA, INC.

90131032

Principal Place of Business
4506 TWIN OAKS DR.
PENSACOLA, FL 32507 US

Mailing Address
PSC 556 BOX 0084
FPO AP, 96386 US

2. Principal Place of Business	3. Mailing Address
4506 TWIN OAKS DR	1053 W. GONZALEZ ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA FL	City & State: PENSACOLA FL
Zip: 32506 Country: US	Zip: 32501 Country: US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3726654 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRLEY, JONAS
1053 W. GONZALEZ ST.
PENSACOLA, FL 32501

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	RICHARDSON, LORETTA M	NAME	LORETTA M. RICHAROSON
STREET ADDRESS	PSC 556 BOX 0084	STREET ADDRESS	1053 W. GONZALEZ ST
CITY-ST-ZIP	FPO AP 96386,	CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	V ☐ Delete	TITLE	V ☒ Change ☐ Addition
NAME	RICHARDSON, GREGORY L	NAME	GREGORY L. RICHAROSON
STREET ADDRESS	PSC 556 BOX 0084	STREET ADDRESS	1053 W. GONZALEZ ST.
CITY-ST-ZIP	FPO AP 96386,	CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] GREGORY L. RICHARDSON 1OAPR03 800-348-5275

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