

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)


08-11-2003 90286 027 *****70.00
 P01000054839
FILED

03 AUG 15 PM 12:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

80137518

DOCUMENT # P01000054839
 1. Entity Name
 Building Blocks Child Care, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1811 S.W. 2nd Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 4991 S.E. 44th Ave. Rd.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Okeechobee FL

City & State
 Ocala, FL

4. FEI Number
 65-1113064

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 Rhonda Strickland

Street Address (P.O. Box Number is Not Acceptable)
 4991 S.E. 44th Ave. Rd.

City
 Ocala FL 34480

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$850.00
 Amended UBR is \$81.25
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP Rhonda Strickland 4991 S.E. 44 th Ave. Rd. Ocala, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE Rhonda Strickland Date 8-6-03 (561) 723-8715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (1/2/02)