FILED
Jun 11, 2002 8:00 am
Secretary of State
06-11-2002 90390 022 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059765

1. Entity Name
HAPPY FACES CHILD CARE & PRESCHOOL, INC.

Principal Place of Business	Mailing Address
1125 ACADEMY DRIVE ALTAMONTE SPRINGS FL 32714	1125 ACADEMY DRIVE ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3612 McNEIL RD.	5158 TWINE ST.
Suite, Apt. #, etc.: APOPKA, FL.	Suite, Apt. #, etc.: ORLANDO, FL.
City & State	City & State
Zip 32703 Country USA	Zip 32821 Country USA

4. FEI Number 59-3725286 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN-KRUSE, JENNIFER T 1125 ACADEMY DRIVE ALTAMONTE SPRINGS FL 32714	Name: BROWN-KRUSE, JENNIFER T. Street Address (P.O. Box Number is Not Acceptable): 5158 TWINE ST. ORLANDO, FL. 32821 City FL Zip Code 32821

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 N/A
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) ☑

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN-KRUSE, JENNIFER T 1125 ACADEMY DRIVE ALTAMONTE SPRINGS FL 32714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition SAME 5158 TWINE ST. ORLANDO, FL 32821
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KRUSE, DAVID L 1125 ACADEMY DRIVE ALTAMONTE SPRINGS FL 32714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition SAME 5158 TWINE ST. ORLANDO, FL. 32821
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 4-17-02 407-248-8006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #