

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90367 017 ***155.00

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DOCUMENT # P01000068634

1. Entity Name
WINNERS PRE-SCHOOL AND CHILD CARE CENTER, INC.



Principal Place of Business
6848 SILVER STAR ROAD
ORLANDO, FL 32818

Mailing Address
6848 SILVER STAR ROAD
ORLANDO, FL 32818



2. Principal Place of Business
6848 SILVER STAR RD

3. Mailing Address
SAME AS 2.

Suite, Apt. #, etc.
ORLANDO

Suite, Apt. #, etc.

City & State
FLORIDA

City & State

4. FEI Number 52-2342387

Applied For
Not Applicable

Zip
32818

Country
U.S.A

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAKINDE
MAKINDE, HELEN
1751 RACHERS RIDGE LOOP
OCOE FL 34761

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

04/24/03

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 ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MAKINDE, HELEN A
STREET ADDRESS 6848 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MAKINDE, CHARLES A
STREET ADDRESS 6848 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME TEMITOPE, MAKINDE M
STREET ADDRESS 6848 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ADESHOLA, MAKINDE T
STREET ADDRESS 6848 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03 407-294-0703

Date

Daytime Phone #

CR2E034 (10/02)