

2  
2/15

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

02-15-2002 90013 050 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080490

1. Entity Name

TWINKLE TOES EARLY LEARNING CENTER, INC.

Principal Place of Business

399 N. ORANGE AVE.  
ORANGE CITY FL 32763

Mailing Address

399 N. ORANGE AVE.  
ORANGE CITY FL 32763

28261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Fee Number

593738 DBL

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOOKER, KIM C ESQ.  
170 BLOOMING AVE.  
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name Kathy Wellmaker  
Street Address (P.O. Box Number is Not Acceptable)399 N Orange  
City Orange City FL Zip Code 32763

☒ 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 fee 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WELLMARKER, KATHY	
STREET ADDRESS	399 N. ORANGE AVE.	
CITY- ST- ZIP	ORANGE CITY FL 32763	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	Steven Wellmaker	
STREET ADDRESS	329 Plantation Club Dr	
CITY- ST- ZIP	Deberry Fla 32713	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	Peter Wellmaker	
STREET ADDRESS	329 Plantation Club Dr	
CITY- ST- ZIP	Deberry Fla 32713	
TITLE	Sec	<input type="checkbox"/> Delete
NAME	Wellmaker Kathy	
STREET ADDRESS	399 N. Orange Ave	
CITY- ST- ZIP	Orange City, Fla 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elfrida Moya	
STREET ADDRESS	1045 Pinecrest	
CITY- ST- ZIP	NE Florida Pk 32726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (9/01)