

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90162 003 \*\*\*158.75

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**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**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**58-3738036**

Applied For

Not Applicable

Zip

Country

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**

**WELLMAKER, KATHY**  
**399 N ORANGE**  
**ORANGE CITY FL 32763**

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	D	<input type="checkbox"/> Delete
NAME	WELLMAKER, KATHY	
STREET ADDRESS	399 N. ORANGE AVE.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WELLMAKER, STEVEN	
STREET ADDRESS	329 PLANTATION CLUB DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOYA, ELAIEDA	
STREET ADDRESS	1025 PINCTER ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WELLMAKER, KATHY	
STREET ADDRESS	399 N ORANGE AVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elfrida Moya	
STREET ADDRESS	960 Clayton Drive	
CITY-ST-ZIP	Deltona Fla 32725	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott E Tompkins	
STREET ADDRESS	960 Clayton Drive	
CITY-ST-ZIP	Deltona, Fla 32725	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Heller	
STREET ADDRESS	329 Plantation Club Dr	
CITY-ST-ZIP	Debarry, Fla 32713	
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		

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-775-7822

CR2E034 (10/02)