

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90018 048 ***150.00

0530300 AV

DOCUMENT # P01000083266

1. Entity Name
JEANNIE'S CHILD CARE, INC.

Principal Place of Business Mailing Address
4339 SE 138 LANE 4339 SE 138 LANE
SUMMERFIELD FL 34491 SUMMERFIELD FL 34491

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3746502 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMPSON, LARRY G
4339 SE 138 LANE
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	THOMPSON, JEAN S	
STREET ADDRESS	4339 SE 138 LANE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	DV	<input type="checkbox"/> Delete
NAME	THOMPSON, LARRY G	
STREET ADDRESS	4339 SE 138 LANE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	DS	<input type="checkbox"/> Delete
NAME	THOMPSON, LARRY N	
STREET ADDRESS	4339 SE 138 LANE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	DT	<input type="checkbox"/> Delete
NAME	THOMPSON, ROBERT W	
STREET ADDRESS	4339 SE 138 LANE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORNWELL, EVERETT J	
STREET ADDRESS	7263 SE 110 ST ROAD	
CITY-ST-ZIP	BELLEVIEW FL 34420	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JEAN S THOMPSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02 **352**
Date Daytime Phone #

CR2E034 (9/01)