

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0100163 AV

DOCUMENT # P01000095092

1. Entity Name  
A CIRCLE OF CHILDREN CENTER INC.



FILED

03 NOV 21 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2400 FIRST AVE NORTH  
ST PETERSBURG FL 33713

Mailing Address  
2400 FIRST AVE NORTH  
ST PETERSBURG FL 33713



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3748902

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLOSSOM, BERNETTA  
2400 FIRST AVE NORTH  
ST PETERSBURG FL 33713

Name Bernetta Blossom  
Street Address (P.O. Box Number is Not Acceptable)  
530 31st S.  
City St. Petersburg FL Zip Code 33712

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 Bernetta Blossom Bernetta Blossom 11-6-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME BLOSSOM, BERNETTA ☒ Delete  
STREET ADDRESS 2400 FIRST AVE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE DP  
NAME Blossom, Bernetta ☒ Change ☐ Addition  
STREET ADDRESS 530 31st S.  
CITY-ST-ZIP ST. Petersburg FL 33712

TITLE DT  
NAME REEDER, MARQUETTA ☒ Delete  
STREET ADDRESS 2400 FIRST AVE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE DT  
NAME Reeder, Marquetta ☒ Change ☐ Addition  
STREET ADDRESS 530 31st S.  
CITY-ST-ZIP ST. Petersburg FL 33712

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

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: Bernetta Blossom Bernetta Blossom 11-06-03 727 321-6354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)