

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92210 039 ***150.00

0192941 AV

DOCUMENT # P01000102062

1. Entity Name
WEE CARE ABOUT KIDS 24/7 INC.



Principal Place of Business
3991 WOODSIDE DR
UNIT B
CORAL SPRINGS FL 33065

Mailing Address
3991 WOODSIDE DR
UNIT B
CORAL SPRINGS FL 33065

11041004



2. Principal Place of Business

3. Mailing Address

4330 NW 80th Ave (N)

4330 NW 80th Ave (N)

Suite, Apt. #, etc.
APT (N)

Suite, Apt. #, etc.
APT (N)

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip Country
33065 USA

Zip Country
33065 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3795143

Applied For
Not Applicable

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

RAYMOND, DEVITA
3991 WOODSIDE DR
UNIT B
CORAL SPRINGS FL 33065

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	RAYMOND, DEVITA L	
STREET ADDRESS	3991 WOODSIDE DR. UNIT B	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
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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: _____

Devita Raymond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03
Date

Daytime Phone #

CR2E034 (10/02)