

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90037 012 \*\*\*150.00

**DOCUMENT # P01000106281**

1. Entity Name

**TREASURES FROM HEAVEN CHILDCARE INC.**

Principal Place of Business

**5354 19TH AVENUE SW  
 NAPLES FL 34116**

Mailing Address

**5354 19TH AVENUE SW  
 NAPLES FL 34116**

2. Principal Place of Business

**1275 AIRPORT ROAD S.**

3. Mailing Address

**1275 AIRPORT ROAD S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

4. FEI Number

**59-3752703**

Applied For

Not Applicable

Zip

Country

**34104**

Zip

Country

**34104**

**COLLIER**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**EARL, PAMELA**

**5354 19TH AVENUE SW  
 NAPLES FL 34116**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

**1275 AIRPORT ROAD S**

City

**NAPLES**

**FL**

Zip Code

**34104**

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

Signature, typed or printed name of registered agent and title 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          | <b>PRESIDENT</b>           | <input type="checkbox"/> Delete |
| NAME           | <b>PAMELA EARL</b>         |                                 |
| STREET ADDRESS | <b>1275 AIRPORT ROAD S</b> |                                 |
| CITY-ST-ZIP    | <b>NAPLES, FL 34104</b>    |                                 |
| TITLE          | <b>VICE PRESIDENT</b>      | <input type="checkbox"/> Delete |
| NAME           | <b>SWENA VILLEGAS</b>      |                                 |
| STREET ADDRESS | <b>1275 AIRPORT ROAD S</b> |                                 |
| CITY-ST-ZIP    | <b>NAPLES, FL 34104</b>    |                                 |
| 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"/> 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          |  | <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

**PAMELA EARL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02**

**(941) 403-7977**

Date

Daytime Phone #

CR2E034 (9/01)