FILED
Jul 02, 2002 8:00 am
Secretary of State

04-21-2002 90863 003 ***150.00

65973

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000122316

1. Entity Name
MERRY-GO-ROUND DAYCARE & PRESCHOOL, INC.

Principal Place of Business	Mailing Address
8281 COUNTY ROAD 747 WEBSTER FL 33597	8281 COUNTY ROAD 747 WEBSTER FL 33597

NEW Address

2. Principal Place of Business	3. Mailing Address
49- SE 2nd AV	49- SE 2nd AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEBSTER FL.	City & State: WEBSTER FL.
Zip: 33597 Country: Sumter	Zip: 33597 Country: Sumter

4. FEI Number 81-0547584 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, CRYSTAL
8281 COUNTY ROAD 747
WEBSTER FL 33597

7. Name and Address of New Registered Agent

Name: Crystal Long
Street Address (P.O. Box Number is Not Acceptable): 8311 CR 747
City: Webster FL Zip Code 33597

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Crystal Long 8311 CR 747 webster Fl 33597 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: [signature] 4-1-02 352.793.3499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #