2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000001759

Entity Name: QUALITY CHILD CARE, INC

SUNRISE, FL 33351

City-St-Zip:

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10109 SUNSET STRIP 10125 SUNSET STRIP SUNRISE, FL 33322 SUNRISE, FL 33322 **Current Mailing Address: New Mailing Address:** 3932 NW 94TH WAY SUNRISE, FL 33351 FEI Number: 03-0381637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARTMAN, R R 3932 NW 94TH WAY SUNRISE, FL 33351 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HARTMAN, R R Name: Name: 3932 NW 94TH WAY Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: Title: (X) Change () Addition () Delete GRYCZKA, TAMARA Name: Name: HARTMAN, TAMARA 3932 NW 94TH WAY Address: 3932 NW 94TH WAY Address:

SUNRISE, FL 33351

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMARA HARTMAN TS 04/29/2003