

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 17, 2003 8:00 am
Secretary of State

02-17-2003 90182 020 ***150.00

DOCUMENT # P02000004279

1. Entity Name
PLAYCARE AT VICTORIA PARK INC



Principal Place of Business
**1500 NE 4TH PL
FT. LAUDERDALE FL 33301**

Mailing Address
**1500 NE 4TH PL
FT. LAUDERDALE FL 33301**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

030388400

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LAWRENCE, ELAINE
1500 NE 4TH PL
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name
SCHULZE, M. ELAINE

Street Address (P.O. Box Number is Not Acceptable)

1500 NE 4 PL

FORT LAUDERDALE, FL 33301

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 *[Signature]*

Signature, typed or printed name of registered agent and title if appropriate.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT, SECRETARY
M. ELAINE SCHULZE
1500 NE 4 PL
FORT LAUDERDALE, FL 33301**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VICE PRESIDENT, TREASURER
RICHARD P. SCHULZE
1500 NE 4 PL
FORT LAUDERDALE, FL 33301**

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/03

Date

954 462-1078

Daytime Phone #

CR2E034 (10/02)