

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 21 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006760	
1. Entity Name Magical Moments Learning ctr Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8130 Lem Turner Rd Suite, Apt. #, etc.		3. Mailing Address 8130 Lem Turner Rd Suite, Apt. #, etc.		REINSTATEMENT 03 DO NOT WRITE IN THIS SPACE
City & State Jacksonville, FL		City & State Jacksonville, FL		
Zip 32208	Country USA	Zip 32208	Country USA	4. FEI Number 41-2024528
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable

**DO NOT WRITE
IN THIS SPACE**

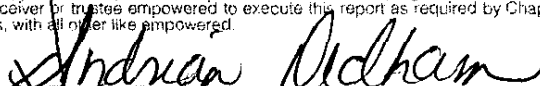
7. Name and Address of Current Registered Agent	
Name Earl S. Baker	
Street Address (P.O. Box Number is Not Acceptable) 7494 Loveland Pass	
City Jacksonville	FL Zip Code 32210

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 	DATE 10/15/03
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 / CEO Andrian Oldham 7763 Brockhurst Drive Jacksonville, FL 32277	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400023964854 10/21/03--01037--024 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Orlando Oldham 7763 Brockhurst Drive Jax, FL 32277	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE: 10/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034B (1/2/02)

10/15/03

To Whom It May Concern:

We never received the UBR in the mail, so that it could be filed on time. Also I notice two error on the address. First the the zip code is wrong you have 32210 it should be **32208**. Secondly you have blvd, and it should be **Road**.

Thank you,


Andrian Oldham