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

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
8130 Lem Turner Rd Suite, Apt. #, etc.	8130 Lem Turner Rd Suite, Apt. #, etc.	41-2024528 ☐ Applied For ☐ Not Applicable
City & State: Jacksonville, Fl	City & State: Jacksonville, Fl.	
Zip: 32208 Country: USA	Zip: 32208 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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: [signature] 10/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Vice President Orlando Oldham 7763 Brockhurst Drive Jax, Fl 32277
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CR2E034B (12/02)

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: Andrian Oldham 10/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

Andrian Oldham