FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90267 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0 20 0000 8510

1. Entity Name
Barbara M. Mobley Enterprises, Inc.
d/b/a Aunt Barbara's Child Development Center

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
735 S. McDuff Ave	821 Allison Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32205 Country	Zip: 32254 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 26-0040620 ☐ Applied For ☐ Not Applicable

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: Lawanda King Butler
King Butler Financial, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1321 Milnor Street

City: Jacksonville FL Zip Code: 32206

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: Lawanda King Butler, Pres. King Butler Financial, Inc. LaWanda King Butler 12/24/2002 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) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	Barbara M. Mobley
STREET ADDRESS	821 Allison Street
CITY-ST-ZIP	Jacksonville, FL 32254
TITLE	V
NAME	Litel Mobley
STREET ADDRESS	821 Allison Street
CITY-ST-ZIP	Jacksonville, FL 32254
TITLE	S
NAME	Sarah E. Jackson
STREET ADDRESS	821 Allison Street
CITY-ST-ZIP	Jacksonville, FL 32254
TITLE	T
NAME	Lawanda King Butler
STREET ADDRESS	1321 Milnor Street
CITY-ST-ZIP	Jacksonville, FL 32206
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NAME	
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DO NOT WRITE IN THIS SPACE

CR2E044E (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara M. Mobley Barbara M. Mobley, President 12/24/2002 (904) 389-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #