

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91506 033 \*\*\*150.00

**DOCUMENT # P02000019781**

1. Entity Name  
**LITTLE BUDDIES 24 HOUR DAY CARE, INC.**



33091005

Principal Place of Business  
**2429 S RAMONA CIRCLE  
TAMPA FL 33612-9415**

Mailing Address  
**2429 S RAMONA CIRCLE  
TAMPA FL 33612-9415**



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**32223706**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JANEZIC, JOSEPH  
4815 E BUSCH BLVD. SUITE 113  
TAMPA FL 33817**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOLVERE, FRANCIS</b>	
STREET ADDRESS	<b>2429 S RAMONA CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612-9415</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WILLOCK, CHAZ</b>	
STREET ADDRESS	<b>2429 S RAMONA CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612-9415</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCIS, VENETA</b>	
STREET ADDRESS	<b>2429 S RAMONA CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612-9415</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/25/03**  
Daytime Phone #

CFR2034 (10/02)

Attachment #

55041889

#P02000019781

# State of Florida



Department of State

I certify from the records of this office that LITTLE BUDDIES HOME CARE INC. is a corporation organized under the laws of the State of Florida, filed on January 26, 2000.

The document number of this corporation is P0000008804

I further certify that said corporation has paid all fees due this office through December 31, 2000, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twenty-sixth day of January, 2000



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State