

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.



33041005

Principal Place of Business

**2429 S RAMONA CIRCLE
TAMPA FL 33612-8415**

Mailing Address

**2429 S RAMONA CIRCLE
TAMPA FL 33612-8415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number

32223706

Applied For

Not Applicable

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 33617

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 **P** ☐ Delete
NAME **MOLVERE, FRANCIS**
STREET ADDRESS **2429 S RAMONA CIRCLE**
CITY-ST-ZIP **TAMPA FL 33612-8415**

TITLE **VP** ☐ Delete
NAME **WILLOCK, CHAZ**
STREET ADDRESS **2429 S RAMONA CIRCLE**
CITY-ST-ZIP **TAMPA FL 33612-8415**

TITLE **T** ☐ Delete
NAME **FRANCIS, VENETA**
STREET ADDRESS **2429 S RAMONA CIRCLE**
CITY-ST-ZIP **TAMPA FL 33612-8415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date

Daytime Phone #

CR2E034 (10/02)

Attachment # 55041889
PD2000019781

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 P00000008804

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