

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90169 001 *****8.75
08-21-2003 90169 002 ***150.00

DOCUMENT # P02000028937

1. Entity Name
AMAZING KID'S LEARNING CENTER INC.



Principal Place of Business
**3509 KINGSTON STREET
JACKSONVILLE FL 32254**

Mailing Address
**3509 KINGSTON STREET
JACKSONVILLE FL 32254**

2. Principal Place of Business

3509 Kingston Street

Suite, Apt. #, etc.

JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32254

Country
USA

3. Mailing Address

3509 Kingston Street

Suite, Apt. #, etc.

JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32254

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

41-2029929

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILLIARD, LARRY
3509 KINGSTON STREET
JACKSONVILLE FL 32254**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

I, 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 *Larry Hilliard*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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

TITLE **PTD** ☐ Delete
NAME **HILLIARD, LARRY**
STREET ADDRESS **3509 KINGSTON STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **VSD** ☐ Delete
NAME **HILLIARD, DEBRA**
STREET ADDRESS **3509 KINGSTON STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

Amazing Kids Learning Center

55054747

#P02000028937

To whom it may concern:

The Corporation of Amazing Kids Learning Center did not receive the notice of the 2003 Uniform Business Report. I am submitting the original \$150.00 dollar filing fee.

Thank You

Owner/Director

Debra Hilliard