

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

FILED

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DOCUMENT # **PO2 0000 736 79**

1. Entity Name

A Child's Nest, Inc.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1682 W 17th St.

3. Mailing Address

1682 W. 17th St.

REINSTATEMENT

03

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riviera Bch, FL

City & State

Riviera Bch, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33404

Country

Palm Bch

Zip

33404

Country

Palm Bch

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Terri L. Mitchell

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

1682 W. 17th St

City

Riviera Beach

FL

Zip Code

33404

**DO NOT WRITE
IN THIS SPACE**

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

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
**Pres / VP / Sec / Treas
Terri L. Mitchell
Riviera Bch, FL 33404**

TITLE
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CITY-ST-ZIP

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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:

Terri L. Mitchell

President

11/17/03

561-662-1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2003-B (12-02)

A CHILD'S NEST, INC.

1682 WEST 17TH STREET, RIVIERA BEACH, FLORIDA 33404

PHONE: (561) 662-1099

November 17, 2003

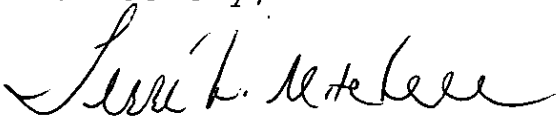
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Please find enclosed the completed Uniform Business Report for A Child's Nest, Inc. Document #P02000073679 and a check for \$150.00 for the filing fee.

I am requesting a waiver of the reinstatement fee for the following reason - at the first of the year I changed my mailing address to P.O. Box 10832, Riviera Beach, Florida 33419, and had my mail forwarded to the Post Office Box. I have not received the UBR notification in the mail and wish to keep my corporation active.

Sincerely,



Terry L. Mitchell
President