2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000112257

1. Entity Name
BONNIE'S HOME DAYCARE, INC.

Principal Place of Business	Mailing Address
12640 58TH PL N	12640 58TH PL N
ROYAL PALM BCH FL 33411	ROYAL PALM BCH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip | Country — Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1162151 | ☐ Applied For | ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH ST
MIAMI BCH FL 33139

7. Name and Address of New Registered Agent

Name ~~Bonnie's Home Daycare~~ Greg Smith

Street Address (P.O. Box Number is Not Acceptable)
12640 58th Place North

City Royal Palm Beach FL

FL | Zip Code 33411

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 ___*Bruce A Smith*___ ___*Greg Smith*___

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

TITLE	D	☐ Delete
NAME	SMITH, BONNIE A	
STREET ADDRESS	12640 58TH PL N	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: ___*Bruce A Smith*___