

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

0420328 AV

DOCUMENT # P92000011228

1. Entity Name
MISS FUNMI'S DAY CARE CENTER INC.

01-21-2002 90047 020 ***150.00

Principal Place of Business
208 W. FRANCES AVE.
TAMPA FL 33602-2006
US

Mailing Address
208 W. FRANCES AVE.
TAMPA FL 33602-2006
US



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3167427** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
AKINREFON, FUNMILAYO A
9302 CANDELMAKER CT.
TAMPA FL 33615-1665

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C AKINREFON, MICHAEL O 9302 CANDELMAKER CT. TAMPA FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKINREFON, FUNMILAYO A D 9302 CANDELMAKER CT. TAMPA FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AKINREFON, OLUTAYO O 9302 CANDELMAKER CT. TAMPA FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AKINREFON, OLUWAYEMISI T 9302 CANDELMAKER CT. TAMPA FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M AKINREFON, OLUWASEYE A 9302 CANDELMAKER CT. TAMPA FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MBO [Signature]* **NOTARIZATION REQUIRED** Date: **01/10/02** Daytime Phone #: **(813) 223-7969**

CR2E034 (9/01)