2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000031598 Apr 07, 2000 8:00 am Secretary of State EARLY TIMES PRESCHOOL & DAY CARE, INC. 04-07-2000 90065 046 ***150.00 Mailing Address Principal Place of Business 2510 DAVIS BLVD. 2510 DAVIS BLVD. NAPLES FL 33962-3104 NAPLES FL 34104-4331 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0418331 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HAAR, RONALD A Street Address (P.O. Box Number is Not Acceptable) 2510 DAVIS BLVD. NAPLES FL 33942 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE HAAR, RONALD A NAME NAME STREET ADDRESS STREET ADDRESS 2510 DAVIS BLVD. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33942 ☐ Addition ☐ Change TITLE Delete TITLE NAME SPEERS, CYNTHIA A NAME STREET ADDRESS 2510 DAVIS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33942 Delete TITLE Change Addition TITLE HAAR, KATHERINE N NAME NAME STREET ADDRESS 2510 DAVIS BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES FL 33942 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: /_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00

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