

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038305

1. Entity Name
SMART START KID CARE, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90003 019 ***550.00

Principal Place of Business

302 EAST PARK ST.
AUBURNDALE FL 33823

Mailing Address

302 EAST PARK ST.
AUBURNDALE FL 33823

2. Principal Place of Business

212 E. Park St.

3. Mailing Address

212 E. Park St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Auburndale FL

City & State

Auburndale FL

4. FEI Number

59-3184426

Applied For

Not Applicable

Zip

Country

33823 Polk

Zip

Country

33823 Polk

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE SENA, VIRGINIA D
2410 HARTRIDGE POINT DRIVE, W.
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Terrie L. Howell

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

1252 Keystone Ct.

City

Auburndale

FL

Zip Code

33823

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 Terrie L. Howell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete
NAME D
STREET ADDRESS HOWELL, TERRIE L
CITY-ST-ZIP 1252 KEYSTONE COURT
AUBURNDALE FL 33823

TITLE ☐ Delete
NAME D
STREET ADDRESS DESENA, VIRGINIA D
CITY-ST-ZIP 2410 HARTRIDGE POINT DR. WEST
WINTER HAVEN FL 33881

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

12. 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
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Terrie L. Howell, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/11/00

863-965-7291

CR2E034 (5/00)