

2002 UNIFORM BUSINESS REPORT (UBR)

0541014 AV

DOCUMENT # P94000067838

1. Entity Name
CEDARVIEW PRESCHOOL II, INC.

FILED

02 JUN 17 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9434 TEAK ST
NEW PORT RICHEY FL 34654

Mailing Address
9434 TEAK ST
NEW PORT RICHEY FL 34654

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0523514
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, BONNIE M
5398 SCHOOL RD
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name Debra Dustin
Street Address (P.O. Box Number is Not Acceptable)
9434 Teak St
City New Port Richey FL Zip Code 34654

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 *Bonnie M Martin* 6-9-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	DST	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN B	
STREET ADDRESS	6917 NARRA ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MARTIN, BONNIE M	
STREET ADDRESS	6917 NARRA ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Debra Dustin	
STREET ADDRESS	7420 Brentwood DR	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Daryl Dustin	
STREET ADDRESS	7420 Brentwood DR.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800005972	
STREET ADDRESS	-06/25/02--01051--001	
CITY-ST-ZIP	****158.75 ****158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bonnie M Martin* President 6-9-02 9278470069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
Document #
P94000067838

6/10/2001

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

We had misplaced this and just found it. Our registered agent is new and didn't know we hadn't filed. Please overlook the fine this one time.

Thank You,

Bonnie M. Martin

Bonnie M. Martin