

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90047 020 ***150.00

DOCUMENT # P95000040558

1. Entity Name
ROCKING HORSE CHRISTIAN PRESCHOOL, INC.

Principal Place of Business

**1015 TENNESSEE AVE
ST CLOUD FL 34769
US**

Mailing Address

**1015 TENNESSEE AVE
ST CLOUD FL 34769
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

523 Pennsylvania Ave.

St Cloud FL

34769

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0580683**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHARON A. SCHMID
523 PENNSYLVANIA AVENUE
ST CLOUD FL 34769**

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

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 **P** ☐ Delete
NAME **SHARON A. SCHMID**
STREET ADDRESS **523 PENNSYLVANIA AVE**
CITY-ST-ZIP **ST CLOUD FL**

TITLE **VP** ☐ Delete
NAME **MICHAEL D. SCHMID**
STREET ADDRESS **523 PENNSYLVANIA AVE**
CITY-ST-ZIP **ST CLOUD FL**

TITLE **S** ☐ Delete
NAME **MIRANDA A. SCHMID**
STREET ADDRESS **523 PENNSYLVANIA AVE**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **T** ☐ Delete
NAME **MELANIE J. SCHMID**
STREET ADDRESS **523 PENNSYLVANIA AVE**
CITY-ST-ZIP **ST. CLOUD FL**

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
CITY-ST-ZIP

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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:

SHARON A. SCHMID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-02
Date

407-892-3006
Daytime Phone #

CR2E034 (9/01)