

2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

6. Name and Address of Current Registered Agent

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

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

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

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

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

TITLE NAME Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME 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

407-892-3006

Date

Daytime Phone #

CR2E034 (9/01)

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

03-14-2002 90047 020 ***150.00



DO NOT WRITE IN THIS SPACE