AMENDED

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045165

1. Entity Name
MISS CORRIE'S PLAYSCHOOL, INC.

500024739605
11/17/03--01015--028 **61.25

Principal Place of Business	Mailing Address
935 EUSTIS GROVE ST EUSTIS, FL 32726 US	2890 EUDORA RD EUSTIS, FL 32726 US

2. Principal Place of Business	3. Mailing Address
	935 Eustis Grove St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Eustis, Florida
Zip / Country	Zip: 32726 Country: Lake

☐ CHECK HERE IF MAKING CHANGES

MPS

4. FEI Number: 59-3322665 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TARA FINANCIAL SERVICES, INC. 489 W MINNEHAHA AVE CLERMONT, FL 34711	Name: Garry Bromfield Street Address (P.O. Box Number is Not Acceptable): 935 Eustis Grove Street City: Eustis FL Zip Code: 32726

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: G Bromfield — 11-3-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS ☒ Delete	TITLE	President & Director ☐ Change ☒ Addition
NAME	VERKAIK, CORRIE P	NAME	Garry Bromfield
STREET ADDRESS	2890 EUDORA RD	STREET ADDRESS	935 Eustis Grove, ST, Eustis, FL 32726
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G Bromfield — 11-3-03 — 954 489 9470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #