FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am Secretary of State **DOCUMENT #** P95000051138 1. Entity Name 02-10-2002 90047 038 ***150.00 LITTLE SHOES CHILD CARE, INC. Principal Place of Business Mailing Address 2211 E. ORANGE 2211 E. ORANGE **EUSTIS FL 32726** EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3322565 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHOEMAKER, EMERALD R Street Address (P.O. Box Number is Not Acceptable) 2211 E. ORANGE **EUSTIS FL 32726** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition Change TITLE Delete TITLE NAME SHOEMAKER, EMERALD R NAME STREET ADDRESS STREET ADDRESS 15934 HANSONVIEW DR CITY-ST-ZIP CITY-ST-ZIP **TAVARES FL 32778** Change Addition TITLE TITLE STD ☐ Delete NAME NAME SHOEMAKER, JAMES R STREET ADDRESS STREET ADDRESS 15934 HANSONVIEW DR. CITY-ST-ZIP CITY-ST-ZIP TAVARES FL 32778 ☐ Change ☐ Addition TITLE ... ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.