2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P96000017164 1. Entity Name WONDER YEARS CHILD CARE, INC. 04-19-2001 90084 030 ***150.00 Principal Place of Business Mailing Address 1430 KNECHT ROAD 1904 ISOM LANE NORTHEAST 144111 PALM BAY FL 32905 PALM BAY FL 32905 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3361925 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WANG, CHUNG Street Address (P.O. Box Number is Not Acceptable) 1904 ISOM LN NE PALM BAY FL 32905 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) DATE 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, 2001 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 1 11. OFFICERS AND DIRECTORS 12. pirector PTD Addition ☐ Delete TITLE TITLE Nowlin, NAME NAME Wang, Chung Nan STREET ADDRESS STREET ADDRESS 1904 ISOM LANE NORTHEAST CITY-ST-ZIP CITY-ST-7IF PALM BAY FL 32905 ☐ Addition VSD ☐ Delete TITLE TITLE NAME WANG, CHERYL LYNN NAME STREET ADDRESS STREET ADDRESS 1904 ISOM LANE NORTHEAST CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 ~ - 'E' Change TITLE TITLE: SCHULTZ, DANIELLE P NAME NAME STREET ADDRESS STREET ADDRESS 1298 LAMPLIGHTER DRIVE NORTHWEST CITY-ST-ZIP CITY-ST-7/8 PALM BAY FL 32907 ☐ Delete □ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (10/00)