FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-14-2002 90355 016 ***150.00

DOCUMENT # P02000048205

1. Entity Name
Parenting Plus of the Palm Beaches, Inc

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91157

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2. Principal Place of Business	3. Mailing Address
226 Sulky Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SAME
City & State: Wellington, FL	City & State
Zip: 33414 Country: USA	Zip Country

4. FEI Number: 65-0668042 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Melissa Thompson
Street Address (P.O. Box Number is Not Acceptable): 226 Sulky Way
City: Wellington, FL Zip: 33414

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: Melissa Thompson
Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 4/27/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Melissa Thompson 226 Sulky Way Wellington, FL 33414
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Melissa Thompson Melissa Thompson 4/27/02 561-795-4815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #