2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUL 15 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000053668

1. Entity Name
LET'S PRETEND DAYCARE, INC.

Principal Place of Business	Mailing Address
200 W. DUVAL ST LIVE OAK, FL 32060	200 W. DUVAL ST LIVE OAK, FL 32060

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3385551 ☐ 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
DEBONO, BARBARA J 200 W. DUVAL ST LIVE OAK, FL 32060	Name Julie S. Koon Street Address (P.O. Box Number is Not Acceptable) 202 W. Duval St. City Live Oak FL Zip Code 32064

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 Julie S. Koon 7-11-03
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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEBONO, BARBARA J. 301 MARYMAC ST LIVE OAK, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Julie S. Koon, President, Sec, Treasurer 1007 NE Shady Oaks Rd. Mayo, FL 32066 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT DEBONO, LOUIS B. 301 MARYMAC ST. LIVE OAK, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Sidney C. Koon 1007 NE Shady Oaks Rd. Mayo, FL 32066 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, CLAIRE D. 9214 SE 142ND BLVD WHITE SPRINGS, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500021559895 07/15/03--01019--001 **17.50 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500021559895 07/02/03--01023--001 **43.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Lewis 7/15/03 ☐ Change ☐ Addition

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: Julie S. Koon 7-11-03 386-364-7004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #