

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90165 003 ***150.00

DOCUMENT # P96000062551

1. Entity Name

ROSIE'S PLAYSCHOOL, INC.



Principal Place of Business

**8451 BLIND PASS ROAD
ST. PETE BEACH FL 33706
US**

Mailing Address

**8451 BLIND PASS ROAD
ST. PETE BEACH FL 33706
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3394508**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMUELS, ROSEMARIE

6650 GULF BLVD.

ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name

SAMUELS, ROSEMARIE

Street Address (P.O. Box Number is Not Acceptable)

2460 E. VINA DEL MAR BLVD.

City

ST. PETE BEACH

FL

Zip Code
33706

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 *Rosemarie Samuels*
Signature, typed or printed name of registered agent and title if applicable.

ROSEMARIE SAMUELS PRESIDENT 2/21/03

(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 **PD** ☐ Delete
NAME **SAMUELS, ROSEMARIE**
STREET ADDRESS **2460 E VINA DEL MAR**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **P/S/T/D** ☒ Change ☐ Addition
NAME **SAMUELS, ROSEMARIE**
STREET ADDRESS **2460 E VINA DEL MAR BLVD.**
CITY-ST-ZIP **ST. PETE BEACH, FL. 33706**

TITLE **VSD** ☐ Delete
NAME **SAMUELS, KATHLEEN A**
STREET ADDRESS **2460 E VINA DEL MAR BLVD**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **V/D** ☒ Change ☐ Addition
NAME **SAMUELS, KATHLEEN A.**
STREET ADDRESS **2460 E VINA DEL MAR BLVD.**
CITY-ST-ZIP **ST. PETE BEACH, FL. 33706**

TITLE **VTD** ☐ Delete
NAME **FERDON, RAYMOND K**
STREET ADDRESS **174 S TESSIER DR**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **V/D** ☒ Change ☐ Addition
NAME **FERDON, RAYMOND K.**
STREET ADDRESS **174 S. TESSIER DR.**
CITY-ST-ZIP **ST. PETE BEACH, FL. 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *RAYMOND K. FERDON*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 367-4483

CR2E034 (10/02)