

# 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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

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

7. Name and Address of New Registered Agent

**SAMUELS, ROSEMARIE  
6650 GULF BLVD.  
ST. PETE BEACH FL 33706**

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* **ROSEMARIE SAMUELS PRESIDENT** DATE **2/21/03**

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**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SAMUELS, ROSEMARIE 2460 E VINA DEL MAR ST. PETE BEACH FL 33706</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD SAMUELS, KATHLEEN A 2460 E VINA DEL MAR BLVD ST. PETE BEACH FL-33706</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD FERDON, RAYMOND K 174 S TESSIER DR ST. PETE BEACH FL 33706</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/T/D SAMUELS, ROSEMARIE 2460 E VINA DEL MAR BLVD, ST. PETE BEACH, FL. 33706</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D SAMUELS, KATHLEEN A. 2460 E VINA DEL MAR BLVD. ST. PETE BEACH, FL. 33706</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D FERDON, RAYMOND K. 174 S. TESSIER DR. ST. PETE BEACH, FL. 33706</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Fardon* **RAYMOND K. FERDON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **(727) 367-4483**

CR2E034 (10/02)