

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082450

1. Entity Name

Little Blessings Preschool, Inc. ✓

Principal Place of Business

Mailing Address

1222 N Harbor City Blvd
Melbourne, FL 32935

Same

2. Principal Place of Business

3. Mailing Address

1222 N Harbor City Blvd
Suite, Apt. #, etc.

1222 N Harbor City Blvd
Suite, Apt. #, etc.

City & State
Melbourne FL

City & State
Melbourne FL

4. FEI Number

Applied For
Not Applicable

Zip Country
32935 Brevard

Zip Country
32935 Brevard

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

Beville S. Outlaw
1222 N Harbor City Blvd
Melbourne, FL 32935

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Beville S. Outlaw
STREET ADDRESS 1222 N Harbor City Blvd
CITY-ST-ZIP Melbourne, FL 32935 ☐ Delete

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

TITLE VP, S
NAME D. Glen Outlaw
STREET ADDRESS 1222 N Harbor City Blvd
CITY-ST-ZIP Melbourne, FL 32935 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE:

Beville S. Outlaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beville S. Outlaw

2/21/01
Date

(321) 254-9721
Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90336 050 ***150.00

A0027451

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)