2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

Mar 03, 2002 8:00 am Secretary of State P97000095524 DOCUMENT # 1. Entity Name 03-03-2002 90127 034 ***150.00 HIGHER STANDARDS CHILD DEVELOPMENT CENTER, INC. Principal Place of Business Mailing Address 7344 HABBERSHAM DRIVE 7344 HABBERSHAM DRIVE ORLANDO FL 32818 ORLANDO FL 32818 2. Principal Place of Business 2405 E. Kalky 3. Mailing Address Suite, Apt. #. etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3477798)rlanclo Not Applicable Zip Country \$8.75 Additional 5.- Certificate of Status Desired - - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS. PHYLLIS G Street Address (P.O. Box Number is Not Acceptable) 7344 HABBERSHAM DRIVE ORLANDO FL 32818 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Delete TITLE ☐ Addition DAVIS, PHYLLIS G NAME Davis, Phyllis G. NAME 7344 HABBERSHAM DRIVE STREET ADDRESS STREET ADDRESS 7344 Habbersham Dr. CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP Orlando FL 32818 TITLE ☐ Delete TITLE S ☐ Addition Davis Wayne K. 7344 Habbersham Dr. NAME DAVIS. WAYNE K NAME STREET ADDRESS 7344 HABBERSHAM DRIVE STREET ADDRESS Orlando, FL. 32818 CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP TITLE ☑ Delete TITLE Change ☐ Addition NAME GLENN, BRENDA A NAME STREET ADDRESS 2405 E KALEY ST STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP TITLE **₩**Delete Change ☐ Addition GLENN, CAROLYN A NAME STREET ADDRESS 2405 E KALEY ST STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ion 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 pernental 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 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 13. I hereby certify that the informa indicated on this report or supp of the corporation or the receive

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