

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000101939**

1. Entity Name
Washington Child Care, Inc. ✓

Principal Place of Business
**5917 N. Haverhill Road
West Palm Beach, FL
33407**

Mailing Address
**5917 N. Haverhill Road
West Palm Beach, FL
33407**

FILED
Jul 19, 2000 8:00 am
Secretary of State
07-19-2000 90002 012 ***558.75

00068686

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5917 N. Haverhill Road
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 10476
Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
Riviera Beach, FL

Country
USA

Country
USA

4. FEI Number
65-0852755

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Washington, Charles
5917 N. Bates Road
West Palm Beach, FL 33407

7. Name and Address of New Registered Agent
Washington, Charles
Street Address (P.O. Box Number is Not Acceptable)
8781 N. Bates Rd.
Palm Beach Gardens FL 33418

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE D	NAME Washington, Charles	<input type="checkbox"/> Delete
STREET ADDRESS 5917 N. Bates Road		
CITY-ST-ZIP West Palm Beach, FL 33407		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	NAME Washington, Charles Sr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8781 N. Bates Road		
CITY-ST-ZIP Palm Beach Gardens, FL 33418		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **Charles Washington Sr.** **Charles Washington Sr. 6-30-00 (561) 848-9135**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)