2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

DOCUMENT # P98000000564 MAGNOLIA TOP TOTS, INC. :00 MAY 26 PM 4:39 Mailing Address SECRETARY OF STATE PO Box 995 KELVIN COURT TALLAHASSEE, FLORIDA CRESTVIEW FL 32576 CRESTUTEN FLIEN 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOKES, NATALIE Street Address (P.O. Box Number is Not Acceptable) 995 KEZVIN COURT CRESTVIEW FL 32536 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 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, 2000 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 TITLE ☐ Change ☐ Addition ☐ Delete TITLE EDNA F STORES
995 KELVEN COURT
CRESTYLEN PL 32/36 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 400003282**994**-4466 -06/03/00--01077--017 Delete TITLE NATALIE STOKES NAME NAME STREET ADDRESS STREET ADDRESS ****167.50 ****167.50 ORESTVIEW FL 32536 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition KIESHA STIKES 995 KELUIN COURT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RESTVIEW FL 32536 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS 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

5/26/200



Child Care & Learning Center

995 Kelvin Court, Crestview, FL 32536 Tel: 850-683-0409 Fax: 850-682-5991

May 26, 2000

Department of State Annual Report Filling Division of Corporations 409 East Gaines Street Tallahassee FL 32399

Tel: 850-488-9000

Re: Document # P9800000564

Late Filing of Annual Report for Tax Year 2000

We are requesting a waiver of penalties for late filing due to the fact that we did not receive the first notice to file.

We have had difficulty with our mail at our physical address and have obtained a post office box. All future mail will be sent to P.O. Box 325, Crestview FL 32536-0325. We are sure this will eliminate any late filing in the future.

Thank You for your Cooperation!

Respectfully

Edna Stokes, President Magnolia Top Tots, Inc.