

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90312 038 ***150.00

DOCUMENT # P98000013527

1. Entity Name
THE CHILDREN'S OFFICE, INC.



Principal Place of Business
**160 JFK DRIVE
SUITES 201 & 203
ATLANTIS FL 33462**

Mailing Address
**160 JFK DRIVE
SUITES 201 & 203
ATLANTIS FL 33462**

20008263



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0811825**

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

**COLAVECCHIO, GEORGE
160 JFK DRIVE
SUITES 201 & 203
ATLANTIS FL 33462**

Name **COLAVECCHIO, FRANCIS R.**
Street Address (P.O. Box Number is Not Acceptable)
**160 JFK DRIVE
Suite 201 & 203**
City **Atlanta** FL Zip Code **33462**

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 Francis R. Colavecchio

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/07/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **COLAVECCHIO, GEORGE**
STREET ADDRESS **160 JFK DR, STE 201**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **P** ☐ Change ☒ Addition
NAME **COLAVECCHIO, Joan G**
STREET ADDRESS **484 FORESTVIEW DR**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** ☐ Change ☒ Addition
NAME **COLAVECCHIO, FRANCIS R.**
STREET ADDRESS **484 FORESTVIEW DR**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: Francis R. Colavecchio **COLAVECCHIO, FRANCIS** 01/07/03 (561)641-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)