

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030071

1. Entity Name

BLUE STARLETT'S FIRST STEP LEARNING CENTER, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91317 005 ***150.00

0000367

Principal Place of Business

3809 MONCRIEF ROAD WEST
JACKSONVILLE FL 32209

Mailing Address

3809 MONCRIEF ROAD WEST
JACKSONVILLE FL 32209

C0066846

2. Principal Place of Business

3. Mailing Address

8927 Lem Turner Pk.

8927 Lem Turner Pk.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3500794

Applied For

Not Applicable

Zip

32208--

Country

USA

Zip

32208

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required--

6. Name and Address of Current Registered Agent

JOHNSON, KEITH H
8810 GOODBY'S EXECUTIVE DR
SUITE A
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

Walker, Shalonda

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

8927 Lem Turner Pk.

City

Jacksonville

FL

Zip Code

32208

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 Shalonda Walker President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Shalonda Walker

4/24/01

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

TITLE ☐ Delete
NAME **PSD WALKER, SHALONDA**
STREET ADDRESS **3809 MONCRIEF ROAD WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PSD Shalonda Walker**
STREET ADDRESS **8927 Lem Turner Pk.**
CITY-ST-ZIP **Jacksonville, FL 32208**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: Shalonda Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 (904) 765-1677

CR2E034 (10/00)