

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90311 004 ***150.00

DOCUMENT # P98000039111

1. Entity Name

A—Z CHILD DEVELOPMENT CENTER, INC.

DO NOT WRITE IN THIS SPACE

B0126147

2. Principal Place of Business 9652 HOOD ROAD Suite, Apt. #, etc.	3. Mailing Address 9652 HOOD ROAD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE	City & State JACKSONVILLE	4. FEI Number 59-3508357	Applied For <input type="checkbox"/> Not Applicable
Zip 32257-1141	Country DUVAL	Zip 32257-1141	Country DUVAL
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name C. BOLANLE SHONEKAN (Mrs.)
Street Address (P.O. Box Number is Not Acceptable) 9652 HOOD ROAD
City JACKSONVILLE
State FL
Zip Code 32257-1141

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President / C.E.O. - Director Mrs. C. BOLANLE SHONEKAN 9652 Hood Road, Jacksonville, Florida 32257-1141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chairman - Director Chief G. BOLANLE SHONEKAN 9652 Hood Road, Jacksonville, Florida 32257-1141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: C. Bolanle Shonekan **C. BOLANLE SHONEKAN** **JUNE 17th, 2002** **904-260-6668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



**A-Z CHILD DEVELOPMENT
CENTER Inc.**

*Attachment
B0126147*

Phone: 904-260-6668
Fax: 904-260-1262
E-Mail: info@azchild.com
Website: <http://azchild.com>

June 17, 2002

Secretary of State
Department of State (Division of Corporation)
409 E. Gaines Street,
Tallahassee, Florida 32399

Subject: Waiver of Penalty
Reference: UBR Form for Document # P98000039111.

Dear Sir or Madam,

I hereby request for a waiver of penalty for late filing of UBR Form. I had to download the form on the Internet on the advise of an Examiner after enquiring about none arrival of a UBR Form that usually comes by mail every year.

I am hopeful that my request will be considered.

Your consideration will be greatly appreciated. Thanks.....

Very Sincerely,

Mrs. C. Bolanle Shonekan
President & CEO