## 2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

ORLANDO FL 32808

3. Mailing Address

Suite, Apt. #, etc

City & State

Country

FILE NOW!!! FEE IS \$150.00

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME?

TITLE

NAME STREET ADDRESS

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Name

City

Zip

4513 NORTH PINE HILL ROAD

## DOCUMENT # P98000040796

1. Entity Name

ORLANDO FL 32808

Principal Place of Business

4513 NORTH PINE HILL ROAD

2. Principal Place of Business

CHARAPATA, ROSA

1321 SERISSA COURT ORLANDO FL 32818

9. This corporation is eligible to satisfy its Intangible

CHARAPATA, ROSA

1321 SERISSA CT.

ORLANDO FL 32818

LAWRENCE, HADLEY

ORLANDO FL 32818

1321 SERISSA CT

WELCH, DONNA

1321 SERISSA CT.

ORLANDO FL-32818

---Tax-filing-requirement and elects.to\_do,so.

(See criteria on back)

TS

11.

TITLE

NAME

TITLE

NAME

TITLE NAME

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NAME STREET ADDRESS

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NAME

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

Suite, Apt. #, etc.

City & State

Zip

ITTY BITTY LEARNING CENTER, INC.

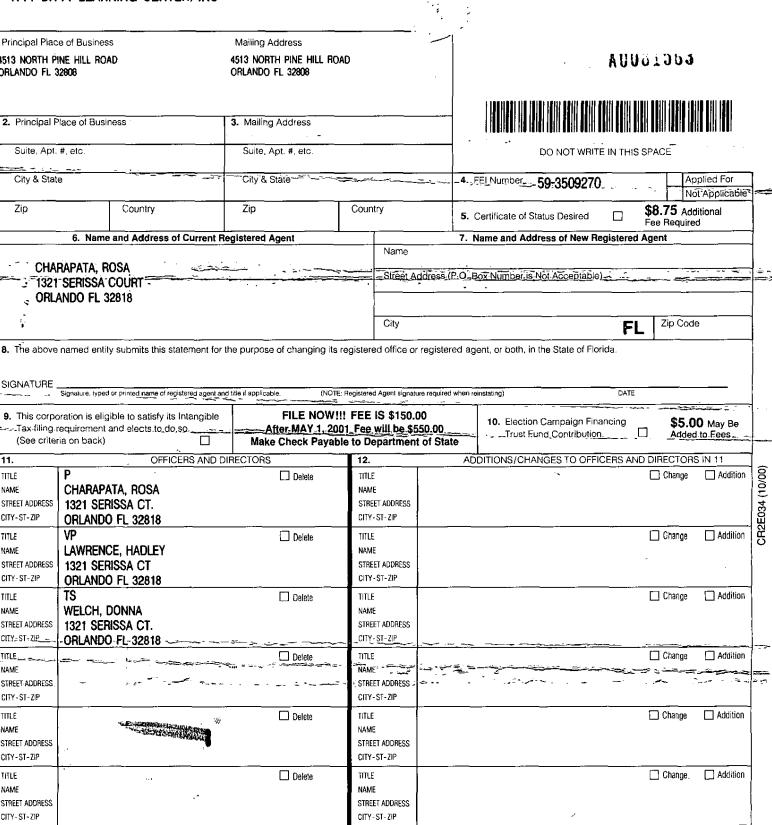
Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

**FILED** Aug 16, 2001 8:00 am Secretary of State 08-16-2001 90005 038 \*\*\*550.00



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

CITY-ST-ZIP

SIGNATURE:

Date

Daytime Phone #