

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91223 045 ***200.00

DOCUMENT # P98000046591

1. Entity Name

CONTINUOUS TRAINING FOR CHILDCARE PROVIDERS, INC

Principal Place of Business

PO BOX 440963
 JACKSONVILLE FL 32222-0963

Mailing Address

PO BOX 440963
 JACKSONVILLE FL 32222-0963

2. Principal Place of Business

9951 Atlantic Blvd.
 Suite, Apt. #, etc.
 255

3. Mailing Address

5000-18 Highway 17
 Suite, Apt. #, etc.
 214

City & State

Jacksonville, FL 32225

City & State

Orange Park, FL

Zip

Country

32225

Zip

Country

32003

USA

4. FEI Number

59-3516771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCURRY-SMITH, GLOREATHA

9062 BERENS ST - 1661 Cinnamon Fern Ct.
 JACKSONVILLE FL 32210 Green Cove Springs, FL
 32043

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2002 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 V
 STREET ADDRESS SCURRY-SMITH, GLOREATHA
 CITY-ST-ZIP 9062 BERENS ST See Address Change
 JACKSONVILLE FL 32210

TITLE ☐ Delete
 NAME P
 STREET ADDRESS SCURRY-SMITH, GLOREATHA
 CITY-ST-ZIP 9062 BERENS ST
 JACKSONVILLE FL 32210

TITLE ☐ Delete
 NAME Secretary
 STREET ADDRESS Vickie Hunter
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)