## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jul 17, 2000 8:00 am Secretary of State DOCUMENT # P98000059400 ERMA'S DAY CARE CENTER, INC. 07-17-2000 90081 027 \*\*\*550.00 Mailing Address Principal Place of Business 1819 WILLIAMS MANOR AVE : \_\_\_\_. 1819 WILLIAMS MANOR AVE ORLANDO FL 32811 ORLANDO FL 32811 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3521204 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUKE. PEGGY D Street Address (P.O. Box Number is Not Acceptable) 1006 RIVER GLEN CT ... ORLANDO FL 32825 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State .., 3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1111 OFFICERS AND DIRECTORS 11. 12. Change Addition ☐ Delete TITLE TITLE NAME LUKE, PEGGY D NAME STREET ADDRESS STREET ADDRESS 10006 RIVER GLEN CT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825-8747 Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITI F NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 ether like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00

Date Daytime Phone #

FILED