

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90079 034 ***150.00

0502447 AV

DOCUMENT # P98000060865
1. Entity Name
HUGGIE BEAR'S CHILD CARE AND LEARNING CENTER INC

Principal Place of Business
4705 OUTER DR
NAPLES FL 34112

Mailing Address
3823 E TAMiami TRAIL
PMB 511
NAPLES FL 34112

80044567



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---------------------------------------|----------------|---------------------------|----------------|--|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3533620 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | <input type="checkbox"/> Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | Country | Zip | Country | | | | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| JACKSON, LORRY K 4705 OUTER DR NAPLES FL 34112 | | 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 _____ (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. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| | | | |
|---|---------------------------------|--|--|
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD NAME JACKSON, LORRY K STREET ADDRESS 3832 E TAMiami TRAIL, #511 CITY-ST-ZIP NAPLES FL 34112 | <input type="checkbox"/> Delete | TITLE PD NAME JACKSON LORRY K STREET ADDRESS 4881 SEDGWOOD LANE CITY-ST-ZIP NAPLES FL 34112 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE S NAME GALLAGHER, MARY STREET ADDRESS 3179 CALUSA AVE. CITY-ST-ZIP NAPLES FL 34112 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE V NAME ROBINSON, SHELLEY-L STREET ADDRESS 3179 CALUSA AVE. CITY-ST-ZIP NAPLES FL 34112 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 REQUIRED** *Lorry Jackson* **3/7/02** **941-775-0838**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)