FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amendment

FILED
02 JUN 24 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063440

1. Entity Name
CHILD CARE REALTY, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
13201 Silver Fox Trail	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL	City & State
Zip: 33418 Country: USA	Zip Country

4. FEI Number 65-0903045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Janet Hill
Street Address (P.O. Box Number is Not Acceptable): 13201 Silver Fox Trail
City: Palm Beach Gardens, FL FL Zip Code 33418

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 Janet Hill JANET HILL 6/18/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Janet Hill 13201 Silver Fox Trail ~~Palm Beach Gardens, FL 33418~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200006315622--6 -07/10/02--01059--007 *****26.50 *****26.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Janet Hill 13201 Silver Fox Trail Palm Beach Gardens, FL 33418	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200006315622--6 -07/10/02--01059--008 *****35.00 *****35.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. 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: Janet Hill JANET HILL 6/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR