

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90414 013 ***150.00

DOCUMENT # P98000073185
1. Entity Name:
Beanie Boppers Learning & Development Center Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5802 Memphis ave</u> Suite, Apt. #, etc.	3. Mailing Address <u>SAME</u> Suite, Apt. #, etc.
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City & State <u>Pensacola, FL 32526</u>	City & State <u>FL 32506</u>
Zip <u>32526</u>	Country <u>ESLAMBIA</u>

4. FEI Number <u>59-352-7086</u>	Applied For <input type="checkbox"/> Not Applicable
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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 Eileen Goltz
Street Address (P.O. Box Number is Not Acceptable)
1200 La Paz st
City Pensacola, FL **FL** **Zip** 32506

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. (NOT: Registered Agent signature required when reinstating)

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 <u>Owner / President</u>	NAME <u>Eileen Goltz</u>
STREET ADDRESS <u>1200 La Paz st</u>	CITY-ST-ZIP <u>Pensacola, FL 32506</u>

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eileen D Goltz 4-30-02 850-941-8908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)