## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P98000092874 LITTLE TOTS' DEVELOPMENT CENTER (CHILD CARE CENT 04-25-2001 90176 042 \*\*\*158.75 Principal Place of Business Mailing Address 315 LOCKWOOD AVE. 315 LOCKWOOD AVE. BLOUNTSTOWN FL 32424 **BLOUNTSTOWN FL 32424** 2. Principal Place of Business 3. Mailing Address 315 Lockward 315 Lockwood Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3512362 Blountstown Slountstown, Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IVORY, JULIA A Street Address (P.O. Box Number is Not Acceptable) 1024 YATES ST. **BLOUNTSTOWN FL 32424** 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. 04-16-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Christell Jackson is no CR2E034 (10/00) CO ☑ Delete TITLE TETE F NAME JACKSON, CHRISTELL NAME longer an Owner of Little tots. STREET ADDRESS STREET ADDRESS P.O. BOX 48 CITY-ST-ZIP CITY-ST-ZIP **BLOUNTS FL 32424** TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIT! F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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** 

more SIGNATURE AND TYPED OR PRINTED NAME OF SK ING OFFICER OR DIRECTOR