

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90068 046 ***150.00

DOCUMENT # P98000092874

1. Entity Name
LITTLE TOTS' DEVELOPMENT CENTER (CHILD CARE CENT
ER), INC.

Principal Place of Business

315 LOCKWOOD AVE.
BLOUNTSTOWN FL 32424

Mailing Address

20837 SE
315 LOCKWOOD AVE.
BLOUNTSTOWN FL 32424



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

315 Lockwood Ave
 Suite, Apt. #, etc.

3. Mailing Address

20837 SE Lockwood Ave
 Suite, Apt. #, etc.

City & State

Blountstown, Florida

City & State

Blountstown, Florida

4. FEI Number

59-3512362

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

IVORY, JULIA A
1024 YATES ST.
BLOUNTSTOWN FL 32424

Ivory Julia Ivory Williams
16080 SE Yates St
Blount, FL 32424

7. Name and Address of New Registered Agent

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 *Julia Ivory Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 22, 02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (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
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|-----------------------|-------------------------------|---|
| TITLE | CO | <input checked="" type="checkbox"/> Delete |
| NAME | JACKSON, CHRISTELL | |
| STREET ADDRESS | P.O. BOX 48 | |
| CITY-ST-ZIP | BLOUNTS FL 32424 | |
| TITLE | Owner | <input type="checkbox"/> Delete |
| NAME | Williams, Julia Ivory | |
| STREET ADDRESS | 16080 SE Yates St | |
| CITY-ST-ZIP | Blountstown, Fl. 32424 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|-----------------------------------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Christell Jackson | |
| CITY-ST-ZIP | dissolution of partnership | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: *Julia Ivory Williams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02
 Date

850-674-9770
 Daytime Phone #

CR2E034 (9/01)