

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096937
Entity Name Hidden Treasures Childcare, Inc.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90048 028 ***150.00

Principal Place of Business
4215 Southpoint Boulevard
Suite 100
Jacksonville, FL 32216

Mailing Address
4215 Southpoint Boulevard
Suite 100
Jacksonville, FL 32216

Principal Place of Business
P.O. Box 551260
Suite, Apt. #, etc.

Mailing Address
P.O. Box 551260
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32255

Country

4. FEI Number 59-3542455

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Schneider, Michael N.
4215 Southpoint Boulevard
Suite 100
Jacksonville, FL 32216

7. Name and Address of New Registered Agent
Name Michael N. Schneider
Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road
Building 100
City Jacksonville FL Zip Code 32256

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
Michael N. Schneider

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

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, 2000 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

OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	ST	ZIP	DELETE
PST Klein, Victoria Ann	5265 Hickson Road	Jacksonville	FL	32207	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	DELETE	CHANGE	ADDITION
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: Victoria A. Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #