

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096937

1. Entity Name

HIDDEN TREASURES CHILDCARE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90007 040 ***150.00

Principal Place of Business

PO BOX 551260
JACKSONVILLE FL 32216

Mailing Address

PO BOX 551260
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3542455**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BLDG 100
JACKSONVILLE FL 32256

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PST**
STREET ADDRESS **KLEIN, VICTORIA ANN**
CITY-ST-ZIP **5265 HICKSON ROAD**
JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Victoria Ann Klein **Victoria Ann Klein** 2/24/01 448-2653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment 654545

P 98000096987

ATTORNEYS AT LAW
BELFORT ROAD SOUTH PROFESSIONAL PARK
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE, FLORIDA 32256

LEWIS ANSBACHER
MICHAEL N. SCHNEIDER
LAWRENCE V. ANSBACHER

TELEPHONE (904) 296-0100
FACSIMILE (904) 296-2842
WRITER'S INTERNET ADDRESS:
MICHAEL.SCHNEIDER@JAXLAW.COM

May 1, 2001

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: 2001 Uniform Business Reports

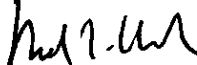
Dear Sirs:

I enclose herewith the 2001 Uniform Business Report for Hidden Treasures
Childcare, Inc., together with a corresponding check representing the State's filing fee.

If you have any questions, or if you need any further information, please do not
hesitate to contact me.

Very truly yours,

ANSBACHER & SCHNEIDER, P.A.



Michael N. Schneider

MNS/llj
Encl.
01-0108.27