

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

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

06-23-2002 90508 002 \*\*\*\*\*8.75  
06-23-2002 90508 001 \*\*\*150.00

DOCUMENT # **P98000099892**  
1. Entity Name  
**CHIMPS DAYCARE, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1600 N. ATLANTIC AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**99 GEORGE KING BLVD**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**COCOA BEACH, FL**

City & State  
**CAPE CANAVERAL, FL 32920**

Zip  
**32931**

Country  
**USA**

Zip  
**32920**

Country  
**USA**

4. FEI Number  
**59-3561962**

Applied For  
 Not Applicable

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  
**BRITT SHENKMAN**

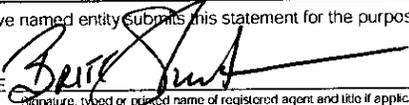
Street Address (P.O. Box Number is Not Acceptable)  
**99 GEORGE KING BLVD**

City  
**CAPE CANAVERAL**

State  
**FL**

Zip Code  
**32920**

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)

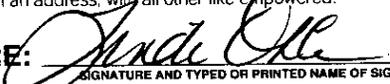
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MARLIN SWANSON - OWNER</b> <b>3926 TURKEY PT DRIVE</b> <b>MELBOURNE, FL 32934</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>OWNER</b> <b>BRITT SHENKMAN</b> <b>3799 S. BANANA RIVER BLVD</b> <b>COCOA BEACH, FL 32931</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY/TREASURER</b> <b>LINDA OHLIN</b> <b>1270 ARLINGTON AVENUE</b> <b>MERRITT ISLAND, FL 32952</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6-16-02** Daytime Phone # **321-784-9000**

CR2E034B (12/01)

Attachment  
DC # FA80000094592

June 17, 2002

To Whom It May Concern:

As per our telephone conversation, I have enclosed the UBR and a check for \$150.00. I have also included our new mailing address on the report.

If you have further questions, please do not hesitate to call me.

Sincerely,



Linda Ohlin  
Administrator