

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

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

DOCUMENT # *P98000099892*

1. Entity Name

CHIMPS DAYCARE, INC.

06-23-2002 90508 002 *****8.75

06-23-2002 90508 001 ***150.00

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

4. FEI Number
59-3561962

Applied For
Not Applicable

Zip
32931

Country
USA

Zip
32920

Country
USA

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

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]

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	MARLIN SWANSON - OWNER 3926 TURKEY PT DRIVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OWNER BRITT SHENKMAN 3799 S. BANANA RIVER BLVD COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY/TREASURER LINDA OHLIN 1270 ARLINGTON AVENUE MERRITT ISLAND, FL 32952
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**DO NOT WRITE
IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-02 321-784-9000

Date

Daytime Phone #

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,

A handwritten signature in cursive script, appearing to read "Linda Ohlin".

Linda Ohlin
Administrator