2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000103647**

1. Entity Name

BUILDING BLOCKS THERAPY, INC.

FILED Feb 05, 2000 8:00 am Secretary of State

0 0 122 11 1					02-05-200	00 90049 050	***150.00	
Principal Place	of Business	Mailing Address						
8607 NORTHWEST 35TH ROAD GAINESVILLE FL 32606		8607 NORTHWEST 35TH ROAD GAINESVILLE FL 32606-4401		I				
) 100)1001 (JD 10)01 (J1	IA Ca rri De rai ac rea 11 0)) (
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			וסמ	NOT WRITE IN TH	IIS SPACE	
Oh. a Chair		City & State			FEI Number			 Applied For
City & State		City & State		4.	<u>59-3547</u>	795		lot Applied 1 of
Zip	Country	Zip	Country		Certificate of Status	Desired	\$8.75 Ad Fee Requir	
	6. Name and Address of Current F	legistered Agent			Name and Address	of New Register		
			Nan	ne	<u></u>	~* :		
	RILAWYER ALMERIA AVENUE		Stre	et Address (P.O. 8	Box Number is Not A	cceptable)		
	AL GABLES FL 33134				_ _			
			City			F	Zip Co	de
8. The above	named entity submits this statement for	the purpose of changing its re	aistered office	e or registered ac	ent, or both, in the S			
	, a	- P P	3		,			
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent s	ignature required when r	einstating)	DA	TE	
		FILE NOW!!!	FEE IS \$1	50.00	T			
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 		After MAY 1, 2000 Fee will be \$550.00		e \$550.00	10. Election Can Trust Fund C			00 May Be ed to Fees
	ia on back)	Make Check Payable				0 TO OFFICE	AND DIDECTOR	DO IN 44
11.	PSTD OFFICERS AND D	DIRECTORS Delete	12.	A(DDITIONS/CHANGE	S TO OFFICERS A	AND DIRECTOR	
TITLE NAME	TUCKER, LESLIE C	□ Delete	NAME					
STREET ADDRESS	8607 NORTHWEST 35TH ROAD		STREET ADDR	ss 300 y	HARLES.	LANE		
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	<u> Sr.C</u>	HARLES,	MO G		
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CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
13. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for t true and accurate and that my	he exemption signature sh	stated in Section all have the same	119.07(3)(i), Florida legal effect as if mad	Statutes. I further de under oath; the	certify that the at I am an office	information er or director

13. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Floring statutes. Therefore 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE



2/100 (636)