FILED
Jun 16, 2002 8:00 am
Secretary of State
05-17-2002 90042 038 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012918 ✓

1. Entity Name
Kids Excel Child Care & Learning Center

DO NOT WRITE IN THIS SPACE

93002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1415 North Pine Hills Road	1415 North Pine Hill RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32808 Country: US	Zip: 32808 Country: US

4. FEI Number: 593588263 ☐ 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: Rufus T. M. Kullee

Street Address (P.O. Box Number is Not Acceptable): 1415 North Pine Hills Road

City: Orlando FL Zip Code: 32808

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: Rkullee 4/29/02
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 VP NAME Cousins, Marlene A STREET ADDRESS 1415 N. Pine Hills Rd CITY-ST-ZIP Orlando FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Cousins, Albernis STREET ADDRESS 1415 N. Pine Hills Road CITY-ST-ZIP Orlando FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Cousins, Kenneth STREET ADDRESS 1415 N. Pine Hills Road CITY-ST-ZIP Orlando FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE PD NAME Kullee, Rufus T. M STREET ADDRESS 1415 North Pine Hills Road CITY-ST-ZIP Orlando FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
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	

CR2E034B (12/01)

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: Rkullee 4/29/02 407-822-5304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #