

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90089 048 \*\*\*150.00

0016057

**DOCUMENT # P99000021808**

1. Entity Name

**SMALL FRIES DAY CARE, INC.**

Principal Place of Business

Mailing Address

**241 MOUNT CLAIR  
LEESBURG FL 34748**

**241 MOUNT CLAIR  
LEESBURG FL 34748**

2. Principal Place of Business

3. Mailing Address

**2113 Harlem Ave.**

**2113 Harlem Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Leesburg, FL 34748**

**Leesburg, FL 34748**

City & State

City & State

Zip

Country

Zip

Country

**34748**

**Lake**

**34748**

**Lake**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STUBBS, CEDRIC  
722 NW 170TH STREET  
MIAMI FL 33169**

Name **Shirley Ann Carter**

Street Address (P.O. Box Number is Not Acceptable)

**241 Mont Clair Rd**

City

**Leesburg**

FL

Zip Code

**34748**

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 **Shirley Ann Carter**

**Shirley Ann Carter**

**4/24/01**

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 **D** ☒ Delete  
NAME **STUBBS, CEDRIC**  
STREET ADDRESS **722 NW 170TH STREET**  
CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE **D** ☐ Delete  
NAME **CARTER, SHIRLEY A**  
STREET ADDRESS **2113 HAEARM AVE.**  
CITY-ST-ZIP **LEESBURG FL 34748**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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:

**Shirley Ann Carter**

**Shirley Ann Carter**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/01**

**(852) 823-3410**

CR2E034 (10/00)