

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025629

1. Entity Name

NEW CREATIONS CHILD CARE SERVICES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90076 024 ***158.75

Principal Place of Business

Mailing Address

3530 AMIGOS AVENUE
 ORLANDO FL 32808

3530 AMIGOS AVENUE
 ORLANDO FL 32808-7402

2. Principal Place of Business

3. Mailing Address

6531 Royal Tern St Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Fla

Zip

32810

Country

Orange

City & State

Orlando Fla

Zip

32810

Country

Orange

4. FEI Number

59-3565907

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINK, URSULA M
 3530 AMIGOS AVENUE
 ORLANDO FL 32808

Name: URSULA M. LINK
 Street Address (P.O. Box Number is Not Acceptable)
 6531 Royal Tern St.

City: ORLANDO FL Zip Code: 32810

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: URSULA M. LINK

(NOTE: Registered Agent signature required when reinstating)

4/29/2000
 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D KEYS, CAROLYN J 2779 ROANNE DRIVE OXON HILL MD 20745	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINK, URSULA M 3530 AMIGOS AVENUE ORLANDO FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINK, ALBERT W 3530 AMIGOS AVENUE ORLANDO FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: URSULA M. LINK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 241-7101

CR2E034 (9/99)