

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

FILED

03 APR -8 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028786

1. Entity Name

Little Folks Learning Center, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

414 W. Townsend St

Suite, Apt. #, etc.

3. Mailing Address

217 W Palmetto St

Suite, Apt. #, etc.

**REINSTATEMENT** 02-03

DO NOT WRITE IN THIS SPACE

City & State

Wauchula FL

City & State

Wauchula FL

4. FEI Number

65-1065823

Applied For

Not Applicable

Zip  
33873

Country

Zip  
33873

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Rita Masterson

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

217 W Palmetto St

City Wauchula

FL

Zip Code

33873

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rita Masterson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-25-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$500.00

Amended UBR is \$61.25

Make check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DIRECTOR / PRESIDENT  
NAME TOMASITA CORTEZ  
STREET ADDRESS 403 W MAIN ST  
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE NAME  
STREET ADDRESS 600015471696  
CITY-ST-ZIP 04/08/03--01056--001 \*\*200.00

TITLE DIRECTOR / VICE PRESIDENT  
NAME ISRAEL CORTEZ  
STREET ADDRESS 403 W MAIN ST  
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE NAME  
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tomasita Cortez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03 863-767-1959

Date

Daytime Phone #

CR2E034B (12/02)

2/19