

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90113 050 ***158.75

DOCUMENT # P99000032163

1. Entity Name
KUDDLY KIDS DAY CARE, INC.



Principal Place of Business
**4410 NW 31ST AVE
GAINESVILLE FL 32601**

Mailing Address
**4410 NW 31ST AVE
GAINESVILLE FL 32601**

2. Principal Place of Business
1023 Southeast 4th Avenue
Suite, Apt. #, etc.

3. Mailing Address
1023 Southeast 4th Avenue
Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32601 Country
USA

Zip
32601 Country
USA

4. FEI Number
59-3566082

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIX, EDWIN B
4410 NW 31ST AVE
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name
DIX, Edwin B.
Street Address (P.O. Box Number is Not Acceptable)
5726 NW 43rd Rd.
City
Gainesville **FL** Zip Code
32606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
P ☐ Delete
NAME
DIX, EDWIN B
STREET ADDRESS
4410 NW 31 AVE
CITY-ST-ZIP
GAINESVILLE FL 32653

TITLE
VP ☐ Delete
NAME
LEITNER, PHILIP M
STREET ADDRESS
2206 NW 3 PLACE
CITY-ST-ZIP
GAINESVILLE FL 32603

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P ☒ Change ☐ Addition
NAME
Dix, Edwin B
STREET ADDRESS
5726 NW 43rd Rd.
CITY-ST-ZIP
Gainesville, FL 32606

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 **(352) 379-9992**
Date Daytime Phone #

CR2E034 (10/02)