

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042037

Entity Name

PARENTS FOR CHILDREN PRE-SCHOOL INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90060 014 ***150.00

Principal Place of Business

4930 9TH AVENUE SOUTH
GULFPORT FL 33707

Mailing Address

4930 9TH AVENUE SOUTH
GULFPORT FL 33707

2. Principal Place of Business

4930 9TH AVENUE SOUTH GULFPORT FL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT

City & State

FLORIDA

Zip

33707

Country

FLORIDA

Zip

33707

Country

U.S.A

4. FEI Number

59-3553346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARENT, LINDA B
4930 9TH AVENUE SOUTH
GULFPORT FL 33707

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE PVST ☐ Delete
NAME PARENT, LINDA B
STREET ADDRESS 6440 2ND AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE D ☐ Delete
NAME PARENT, LINDA B
STREET ADDRESS 6440 2ND AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Linda B. Parent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01 727-322-1200

CR2E034 (10/00)