2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000042037**

1. Entity Name

PARENTS FOR CHILDREN PRE-SCHOOL INC.



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			3. Mailing Address					arii: Pai!! alel	O IIBII OGIOL	1 (1161 1 06 1 1 061	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			**	CHECK HERE IF MAKING CHANGES				
City & State			City & State			4, 1	4. FEI Number 59-3553346			applied For lot Applicable	-
Zip Country			Zip	Zip Country		5.	Certificate of Status Desired Sa.75 Addition Fee Required			dditional	1
	6. Name	and Address of Curren	t Registered Age	ent .	1	7. 1	Name and Address of New Re	gistered Ag	jent		1
					Name	•					7
PARENT,	LINDA B						ı				
	AVENUE S	ULITH		Street Addre			ess (P.O. Box Number is Not Acceptable)				
	RT FL 33707										1
GULFFUF	11 FL 33/U/										1
					City			FL	Zip Cod	de	7
9 Tho show	o named ontit	y cultimite this statement t	for the purpose of	changing its regi	ctored office or rea	ictored ag	ent, or both, in the State of Flor	ida Lamfar	Miliar with	and accent	-
	tions of regist		or the purpose of	changing its regi	stered office of reg	isiered ag	icht, or both, in the otate of flor	ida. Tairi lai	TIMOL WILL	, and accept	
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SIGNATURE	Signature, baned	or printed name of registered agen	and title if applicable	/NOTE: Bog	istered Agent signature re	mired when re	ninetatana)	DATÉ			
	oignatore, types	or printed have or registered ager	and tale if applicable.	(NOTE: Neg	istered Agent signature re	garea wileirie	T				4
		!! FEE IS \$150.00					_9Election Campaign Fina	encina	\$5 (00 May Be	
		03 Fee will be \$550.00			and the second second	- ಇವ ಇಲ್ಲಿಕಾಗ	Trust Fund Contribution	""" <u>"</u>		ed to Fees	-
Make Chec	k Payable to	Florida Department	of State								
10.		OFFICERS AND	DIRECTORS		11.	AD	DITIONS/CHANGES TO OFFI	CERS AND D	IRECTOF	3S IN 11]_
TITLE ·	PVST			☐ De!ete	TITLE				Change	☐ Addition	Š
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CITY-ST-ZIP		SBURG FL 33707			CITY-ST-ZIP						Ì
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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 Block 11 if changed, or on an attachment with an addless, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/4/03 127-322-1204

☐ Change

Addition

FILED

Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90177 014 ***150.00

*** 10076737**