

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000043563**

1. Entity Name
Small Talk Learning And Child Development Center Inc

APPROVED
AND
FILED

00 MAY -1 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**142 Lane Avenue South
Jacksonville, FL**

Mailing Address
**818 David Allen Dr
Jacksonville, FL
32220**

2. Principal Place of Business
Small Talk Learning And Child Development Center Inc

3. Mailing Address
818 David Allen Drive

Suite, Apt. #, etc.
142 Lane Avenue South

Suite, Apt. #, etc.
818 David Allen Drive

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip
322

Zip
32220

Country

Country

4. FEI Number
59-3568424

Applied For
☐

Not Applicable
☒

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Maxine L. Murray

Street Address (P.O. Box Number is Not Acceptable)
818 David Allen Drive

City
Jacksonville

FL

Zip Code
32220

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
Maxine L. Murray, Secretary

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
05/01/2000

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		President / Chairman	
		Nona Dames	
		6457 Jammar Rd	
		Jacksonville, FL 32244	
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
		T/S	
		Maxine L. Murray	
		818 David Allen Drive	
		Jacksonville, FL 32220	
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
		300003260423--0	
		-05/22/00--01006--016	
		****159.75 ****159.75	
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: **Maxine L. Murray, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
05/01/2000

DAYTIME PHONE #
904/260-6990

CR2E034 (9/99)