

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90254 001 ***150.00
04-04-2001 90254 002 *****8.75

045644

DOCUMENT # P99000043563

1. Entity Name

SMALL TALK LEARNING AND CHILD DEVELOPMENT CENTER

Principal Place of Business

**142 LANE AVENUE SOUTH
JACKSONVILLE FL**

Mailing Address

**818 DAVID ALLEN DRIVE
JACKSONVILLE FL 32220**

33948

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip **32254**

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip **32254**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3568424

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURRAY, MAXINE L
818 DAVID ALLEN DRIVE
JACKSONVILLE FL 32220**

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 **PC** ☐ Delete
NAME **DAMES, NONA**
STREET ADDRESS **6457 JAMMES RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **TS** ☐ Delete
NAME **MURRAY, MAXINE L**
STREET ADDRESS **818 DAVID ALLEN DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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:

Maxine L. Murray, Sec. Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2001

Date

904/260-6990

Daytime Phone #

CR2E034 (10/00)