2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P9900053187 1. Entity Name HORIZONS UNLIMITED PRESCHOOL, INC. 05-04-2001 90070 017 ***150.00 Principal Place of Business Mailing Address 1122 W ORANGE AVE. 1122 W ORANGE AVE. TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 C0059684 2. Principal Place of Business 3. Mailing Address えるい DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3584881 Not Applicable \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required eor 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WILLIAMS, HELEN M Street Address (P.O. Box Number is Not Acceptable) 1120 SUMTER AVE. TALLAHASSEE FL 32301 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME JOHNSON, CHERYL WHITE NAME STREET ADDRESS STREET ADDRESS 2814 MCARTHUR ST. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 Change ☐ Addition ☐ Detete TITLE TITLE NAME WHITE-BARNES, KAREN NAME STREET ADDRESS STREET ADDRESS 1120 SUMTER DR CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL_32301 Change ☐ Addition ☐ Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLÉ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

april 30,01

850-576-6943

Daytime Phone #

☐ Change

☐ Addition