

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90293 046 ***150.00

0023928 AV

DOCUMENT # P99000053187

1. Entity Name
HORIZONS UNLIMITED PRESCHOOL, INC.

Principal Place of Business Mailing Address

1122 W ORANGE AVE **1122 W ORANGE AVE**
TALLAHASSEE FL 32310 **TALLAHASSEE FL 32310**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

1122 W. Orange Ave **1122 W. Orange Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Tallahassee, Fla **Tallahassee, Fla**

Zip Country Zip Country

32310 **Leon** **32310** **Leon**

4. FEI Number Applied For

59-3584881 Not Applicable

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

 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, HELEN M
1120 SUMTER AVE.
TALLAHASSEE FL 32301

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 *Helen M. Williams* 04-29-02
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, 2002 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	D <input type="checkbox"/> Delete
NAME	JOHNSON, CHERYL WHITE
STREET ADDRESS	2814 MCARTHUR ST.
CITY-ST-ZIP	TALLAHASSEE FL 32310
TITLE	D <input type="checkbox"/> Delete
NAME	WHITE-BARNES, KAREN
STREET ADDRESS	1120 SUMTER DR
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Helen M. Williams* Helen M. Williams 04-29-02 850-576-6943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)