

2001-UNIFORM-BUSINESS-REPORT (UBR)

DOCUMENT # P99000065544

1. Entity Name

TENDER TIME CHILD CARE & LEARNING CENTER, INC.

Principal Place of Business

US 19 NORTH
NEW PORT RICHEY FL 34652

Mailing Address

3501 UNIVERSAL PLZ
NEW PORT RICHEY FL 34652

2. Principal Place of Business

NEW PORT RICHEY

3. Mailing Address

3501 UNIVERSAL PLZ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

City & State

FLORIDA

Zip

34652

Country

PASCO

Zip

Country

US

4. FEI Number

59-3596388

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRABOWSKI, DAVID T
7524 SEQUOIA DRIVE
NEW PORT RICHEY FL 34652

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 resigning)

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 PO
NAME GRABOWSKI, DAVID T
STREET ADDRESS 3501 UNIVERSAL PLZ
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE VPO
NAME GRABOWSKI, CATHERINE R
STREET ADDRESS 3501 UNIVERSAL PLZ
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C0071477

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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6-6-01

(737) 815-8463

Rf/bf

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August 6, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314


Re: 2001 FL Annual Report
Destiny Processing, Inc
REF# P99000065544

Dear Sir/ Madam,

Please be advised that we returned our original annual report renewal one week after we received it. We have now received notice that our fee has been increased to \$550. Please accept our check in the amount of \$150.00 (which was the original amount due) and our annual report.

We apologize for the lateness but we do not know why we did not receive the original annual report renewal in the mail until now.

Sincerely,


David Grabowski

Rf/bf