

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90051 029 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000065544			
1. Entity Name TENDER TIME CHILD CARE & LEARNING CENTER, INC.			
Principal Place of Business 3501 UNIVERSAL PLZ NEW PORT RICHEY, FL 34652		Mailing Address 3501 UNIVERSAL PLZ NEW PORT RICHEY, FL 34652	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3596388		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRABOWSKI, DAVID T 7624 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registering) DATE			
FILE NOW WITH FEES \$180.00 After May 1, 2003 Fee with \$500.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	PO	<input type="checkbox"/> Delete	
NAME	GRABOWSKI, DAVID T		
STREET ADDRESS	3501 UNIVERSAL PLZ		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		
TITLE	VPO	<input type="checkbox"/> Delete	
NAME	GRABOWSKI, CATHERINE R		
STREET ADDRESS	3501 UNIVERSAL PLZ		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		
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			
11. 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			
12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.			
SIGNATURE: <i>David T. Grabowski</i>		6-23-3 (727) 815-8463	
Typed or printed name of registered agent and title if applicable		Date Daytime Phone #	

CR2E034 (10/02)

158.75

David T. Grabowski

Attachment

10108922

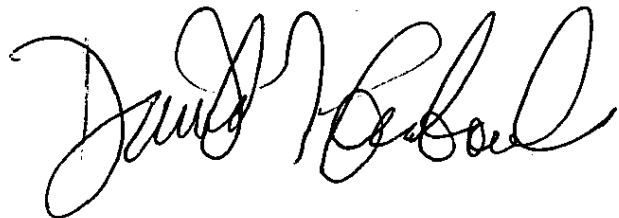
P99000065544

To whom it may concern,

I'm writing to let someone know that I have not received my uniform business report. So on Monday 6-23-03 I called 1-850-245-6053. The person I spoke to told me about downloading the annual report, and to let you know about not receiving this. And giving you another address. 7524 sequoia drive - new port richiey- florida 34653

Thank you

David T Grabowski

A handwritten signature in cursive script, appearing to read "David T Grabowski", written in dark ink.