

UNIFORM BUSINESS REPORT (UBR)

3/

FILED

May 11, 2000 8:00 am
Secretary of State

03-22-2000 90201 030 ***150.00

DOCUMENT # P99000077791

1. Entity Name

TINY TOTS CHILD CARE CENTER CORP.

Principal Place of Business

Mailing Address

810 MASSY CT.
KISSIMMEE FL 34758

810 MASSY CT.
KISSIMMEE FL 34759-3852

2. Principal Place of Business

3. Mailing Address

1430 N. Smith
Suite, Apt. #, etc.

1430 N. Smith
Suite, Apt. #, etc.

City & State

City & State

KISSIMMEE FL

KISSIMMEE FL

Zip 34744

Country USA

Zip 34744

Country USA

4. FEI Number

59-3602710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNKLEY, YVONNE
810 MASSY CT.
KISSIMMEE FL 34758

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~OFF~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME Yvonne D. Dunkley
STREET ADDRESS 810 MASSY CT
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Yvonne Dunkley Yvonne Dunkley 4.3.00 407.9440217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director Date Daytime Phone #