

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077963

1. Entity Name  
LIL KINGS AND QUEENS DAYCARE CENTER, INC.

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90013 010 \*\*\*558.75

Principal Place of Business

4202 N. 22ND ST.  
TAMPA FL 33610

Mailing Address

4202 N. 22ND ST.  
TAMPA FL 33610

2. Principal Place of Business

4202 N 22nd ST.

3. Mailing Address

Same

Suite, Apt. #, etc.

Tampa Fla.

Suite, Apt. #, etc.

City & State

City & State

4. FFI Number

59-3595492

Applied For

Not Applicable

Zip

33610

County

Hills.

Zip

Country

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

HOWARD, CAPTER F  
3034 S. 78TH ST.  
TAMPA FL 33619

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 Vice President  
NAME Gerald Hill  
STREET ADDRESS 4303 Ellenville Place  
CITY-ST-ZIP Yalobico, FL 33594

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

TITLE President  
NAME Capter Faye Howard  
STREET ADDRESS 3034 S 78th ST  
CITY-ST-ZIP Tampa Fla. 33619

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

TITLE Secretary  
NAME Thomas Hill  
STREET ADDRESS 416 W. Nassau ST.  
CITY-ST-ZIP Tampa FL

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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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:

Capter Faye Howard

Date

Daytime Phone #

8-1-00

813-612-9491

CR2E034 (5/00)