

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90064 027 ***158.75

DOCUMENT # P99000098387

1. Entity Name
KIDS VILLAGE LEARNING CENTER, INC.



Principal Place of Business
**8256 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

Mailing Address
**8256 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

10090624



2. Principal Place of Business

3. Mailing Address

3286 CHIMNEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIDDLEBURG FL

4. FEI Number

59-3602738

Applied For

Not Applicable

Zip

Country

Zip

Country

32068

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

**WILTSHIRE, LESTER
8256 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

Name

LESTER V. WILTSHIRE

Street Address (P.O. Box Number is Not Acceptable)

3286 CHIMNEY DRIVE

City

MIDDLEBURG

FL

Zip Code

32068

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 *Lester V. Wiltshire*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **WILEY, DORINDA J**
STREET ADDRESS **8256 ARLINGTON EXPRESSWAY**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **P/S/T** ☐ Change ☒ Addition
NAME **LESTER V. WILTSHIRE**
STREET ADDRESS **3286 CHIMNEY DRIVE**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **D** ☐ Delete
NAME **WILTSHIRE, LESTER**
STREET ADDRESS **8256 ARLINGTON EXPRESSWAY**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 all other line empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESTER V. WILTSHIRE P/S/T 4-25-03

Date

Daytime Phone #

904-291-8000

CR2E034 (10/02)