FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State P99000103489 **DOCUMENT #** 1. Entity Name PRIDE AND JOY CHILD DEVELOPMENT CENTER, INC. 05-20-2002 90010 026 ***150 00 Mailing Address Principal Place of Business 405 S. SHELFER ST. 405 S. SHELFER ST. **QUINCY FL 32351** QUINCY FL 32351 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc.

City & State

4. FEI Number

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

59-3610487

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Zip Code

FL

Fee Required

Not Applicable

Suite, Apt. #, etc.

HARRIS, CHARLIE H JR 405 S. SHELFER ST. QUINCY FL 32351

_.Country .-- --

6. Name and Address of Current Registered Agent

City & State

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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Addition ☐ Change 11. TITLE ☐ Delete TITLE NAME HARRIS, CHARLIE H JR NAME STREET ADDRESS 405 S. SHELFER ST. STREET ADDRESS CITY-ST-ZIP QUINCY FL 32351 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete DST TITLE NAME HENRY, SHEILA NAME STREET ADDRESS 150 HENRY DR. STREET ADDRESS CITY-ST-ZIP QUINCY_FL:32351=== CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. CITY-ST-ZIP

Name

City