

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90045 047 \*\*\*150.00

**DOCUMENT # P99000105795**

1. Entity Name  
**NANNY-NANNY BOO-BOO, INC.**



Principal Place of Business  
**512 E. SEMORAN BOULEVARD  
CASSELBERRY FL 32707**

Mailing Address  
**6539 PICCADILLY LANE  
ORLANDO FL 32835**

2. Principal Place of Business  
**500 E. Hwy 436  
Suite, Apt. #, etc.  
1020**

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State  
**Casselberry, FL**

City & State

Zip Country  
**32707 U.S.A.**

Zip Country

4. FEI Number **59-3595906**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZUHR, HEATHER A  
6539 PICCADILLY LANE  
ORLANDO FL 32835**

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

*Heather Zuhr*  
(NOTE: Registered Agent signature required when reinstating)

*4/15/03*  
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 **CO P** ☐ Delete  
NAME **HALL, HOLLY H**  
STREET ADDRESS **5113 CASSATT AVENUE**  
CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE **CO P** ☐ Delete  
NAME **HELTSLEY, DOLLY H**  
STREET ADDRESS **5117 CASSATT AVENUE**  
CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE **D** ☐ Delete  
NAME **DANIEL, RANDALL A**  
STREET ADDRESS **5118 CASSATT AVENUE**  
CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

*Heather Zuhr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/03*  
Date

*4078340069*  
Daytime Phone #

CR2E034 (10/02)