

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000108812

1. Entity Name

BUSY BEE'Z EARLY CHILDHOOD ED. CTR. INC.

FILED
May 09, 2000 8:00 am
Secretary of State

04-07-2000 90015 021 ***150.00

Principal Place of Business

1013 LAKESHORE DRIVE
LAKELAND FL 33805 - 4607

Mailing Address

1013 LAKESHORE DRIVE
LAKELAND FL 33805 - 4607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3619520

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

HERNANDEZ, OLIVIA M
2020E EDGEWOOD DR # 35
LAKELAND FL 33803 - 3644

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. ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
HERNANDEZ, OLIVIA M.
2020 EAST EDGEWOOD DRIVE, #35
LAKELAND, FLORIDA 33803-3644

☐ Delete

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

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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: *Olivia M. Hernandez*
OLIVIA M. HERNANDEZ, PRESIDENT

02/10/00 (863) 616-9846

Date

Daytime Phone #

CR2E034 19/99