


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2003 8:00 am
Secretary of State

011802 AV

DOCUMENT # S10864

1. Entity Name
LITTLE FOLKS CHILD CARE AND EDUCATION SERVICE, INC.



07-18-2003 90176 001 ***150.00
07-18-2003 90176 002 *****8.75

Principal Place of Business
6837 WEST COLONIAL DR
ORLANDO FL 32818
US

Mailing Address
6837 WEST COLONIAL DR
ORLANDO FL 32818

55051687



2. Principal Place of Business
888 North Orange Ave.
Suite, Apt. #, etc.
Orlando, Florida
City & State
Orlando, Florida
Zip
32802
Country
U.S.

3. Mailing Address
690969 P.O. Box
Suite, Apt. #, etc.
P.O. Box 690969
City & State
Orlando, FL
Zip
32819
Country
U.S.

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3075708** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
~~Fowks~~
FOWKS, CATHERINE W
7648 APPLE TREE CIRCLE
ORLANDO FL 32819

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP FOLKS, CATHERINE W 7648 APPLE TREE CR ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIS, VERA L. 7648 APPLE TREE CR ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, JAMIL C 7648 APPLE TREE CR ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROEBUCK, WILLIAM JR 7648 APPLE TREE CR ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS FOLKS, CATHERINE L 7648 APPLE TREE CIRCLE ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sabrina M. Johnson 7648 Apple Tr. Circle Orlando, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Signature]* **REQUIRED** **7/15/03** **407-702-5147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone **989-1792**

CR2E034 (10/02)

Little Folks Childcare
P.O. Box 690969
Orlando Fl. 32869

Attachment
S10864
55051487

Dr. Catherine W. Foulks, President
Mrs. Vera L. Willis Vice President

To: Florida Department of State

From: Little Folks Childcare & Education Services, Inc.

Date: June 23, 2003

Re: Annual Report/Uniform Business Report Document # S10864

To Whom It May Concern:

In regards to your letter stating that, this report had not been filed before the due date. The reason that the report had not been filed was because we had not received the report in the mail. I made two telephone calls to notify the Division of Corporations report section that we had not yet received the company's Annual report/ Uniform Business Report application to complete. It was not until the third call that I spoke to someone and he took care of the matter and promised to mail a report application

I did not receive the company's AR/UBR until after the deadline; therefore, we would like the late charge to be excused.

We always take pride in sending our Company's Report on time.

If you have any Questions, please feel free to contact me at 407-909-1792/ 407-702-5147

Please note: New Address is P.O. Box 690969 Orlando Fl. 32869

Thank you,



Dr. Catherine W. Foulks