

200 / UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34478

1. Entity Name.

CENTRAL FLORIDA CHILD CARE, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90031 002 ***150.00

658399



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1561 PALM BAY RD. PALM BAY FL 32905 US		Mailing Address 1561 PALM BAY RD. PALM BAY FL 32905-3844 US	
2. Principal Place of Business Same AS Above		3. Mailing Address 108 Cat Cay Ln.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Indian Harbor Bch, FL	
Zip	Country	Zip	Country
		32937	U.S.A.
4. FEI Number 59-3058219		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAVERMAN, STEVEN D. 3511 W COMMERCIAL BLVD SUITE 200 FT LAUDERDALE FL 33309		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.			

SIGNATURE

Paul A. Lockwood (VICE PRESIDENT)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEES \$150.00
 MAY 1, 2001 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	DVS LOCKWOOD, PAUL 8338 SYLVAN DRIVE MELBOURNE 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	DPT LOCKWOOD, TONI 8338 SYLVAN DRIVE MELBOURNE 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul A. Lockwood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-2001

Date

(321) 777-7292

Daytime Phone