

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90038 017 ***150.00

DOCUMENT # *S 49910*

1. Entity Name
Land of the Little People Daycare, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Land of the Little People Daycare, Inc. 273 Havana Hwy
Suite, Apt. #, etc.

3. Mailing Address
273 Havana Hwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Quincy FL
Zip
Fla 32352 Country
USA

City & State
Quincy FL
Zip
32352 Country
USA

4. FEI Number
59-3066143
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Teresa Hall
Street Address (P.O. Box Number is Not Acceptable)
273 Havana Hwy
City
Quincy FL Zip Code
32352

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02
DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Teresa Hall
134 Chaff Chason Lane
Quincy Fla 32352

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Wendell Hall
134 Chaff Chason Lane
Quincy Fla 32352

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa A Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 850-627-2536
Date Daytime Phone #