

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S54628

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: THE HAMPTON HOUSE CHILD CARE, INC.

Current Principal Place of Business:

DIVISION ST.
HAMPTON, FL 32044

New Principal Place of Business:

Current Mailing Address:

DIVISION ST.
HAMPTON, FL 32044

New Mailing Address:

P.O. BOX 205
HAMPTON, FL 32044

FEI Number: 59-3056559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, ALICE FAYE
DIVISION ST.
HAMPTON, FL 32044

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATERS, ALICE FAYE,
Address: RT. 3 BOX 510
City-St-Zip: STARKE, FL

Title: D () Delete
Name: WATERS, HAROLD E.,
Address: RT. 3, BOX 510
City-St-Zip: STARKE, FL

Title: SM () Delete
Name: HANNAH, LYNNE WATERS
Address: RT 5, BOX 7452
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WATERS, ALICE FAYE,
Address: RT. 3 BOX 510
City-St-Zip: STARKE, FL 32091

Title: D (X) Change () Addition
Name: WATERS, HAROLD E.,
Address: RT. 3, BOX 510
City-St-Zip: STARKE, FL 32091

Title: S/M (X) Change () Addition
Name: HANNAH, LYNNE WATERS
Address: RT 5, BOX 7452
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE WATERS HANNAH

S/M

04/26/2002

Electronic Signature of Signing Officer or Director

Date