

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90241 043 ***150.00

DOCUMENT # S66689

1. Entity Name

KESIA'S DAY CARE, INC.

Principal Place of Business

3923 W BAY AVE
TAMPA FL 33616-2303
US

Mailing Address

3923 W BAY AVE
TAMPA FL 33616-2303
US

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 59-3074577

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

Name

Saling, Donna B.

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

~~BORDERS, DONNA T.~~
3515 PINE KNOT DR.
VALRICO FL 33594

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

DONNA B. Saling
(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-01

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

FILE NOW!!! FEE IS \$150.00
After 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 PT ☐ Delete
NAME ~~BORDERS, DONNA T.~~
STREET ADDRESS 3515 PINE KNOT DR.
CITY-ST-ZIP VALRICO FL 33594

TITLE ☒ Change ☐ Addition
NAME DONNA B. Saling
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME THOMPSON, KESIA C.
STREET ADDRESS 2515 REGAL PINES RD
CITY-ST-ZIP VALRICO FL 33594

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2515 Regal River Road
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Donna B. Saling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donna B. Saling 1/31/01 839-7301
813

CR2E034 (10/00)