

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90248 007 ***150.00

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DOCUMENT # S93495

1. Entity Name
TOYLAND DAYCARE, INC.



Principal Place of Business
**508 MAGNOLIA BLVD
WAUCHULA FL 33873
US**

Mailing Address
**508 MAGNOLIA BLVD
WAUCHULA FL 33873
US**



2. Principal Place of Business

3. Mailing Address

1347 Martin Luther King Jr P.O. Box 2362

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Wauchula Fla

Wauchula Fla

4. FEI Number

65-0314968

Applied For

Not Applicable

Zip

Country

Zip

Country

33873 Hardee

Hardee

33873 Hardee

Hardee

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

**GAMBLER, MAE
700 MAGNOLIA BLVD.
WAUCHULA FL 33873**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☐ Delete
NAME **GAMBLER, MAE**
STREET ADDRESS **508 MAGNOLIA BLVD**
CITY-ST-ZIP **WAUCHULA FL**

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

TITLE **STD** ☐ Delete
NAME **MOWATT, ETTA L**
STREET ADDRESS **508 MAGNOLIA BLVD**
CITY-ST-ZIP **WAUCHULA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **MAE GAMBLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/03 1-863-767-0355

CR2E034 (10/02)