

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90020 012 ***150.00

DOCUMENT # 11 Doing Business As Twinkle Toes Child Care
1. Entity Name Tot Stop Child Care S96910

Principal Place of Business 399 N-Orange Ave
Orange City, FL 32763

2. Principal Place of Business 399 N-Orange Ave
 Suite, Apt. #, etc.

3. Mailing Address 399 N-Orange Ave
 Suite, Apt. #, etc.

City & State Orange City FL
Zip 32763 **Country** USA

4. FEI Number 59-3103214
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 Braze Benton
Street Address (P.O. Box Number is Not Acceptable)
399 N-Orange Ave
City Orange City **FL** **Zip Code** 32763

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 Braze Benton Share Holder/Operator 4-5-01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		
TITLE	NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1103 10th St	
CITY-ST-ZIP	Orange City FL 32763	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Kathy Wellmaker	
CITY-ST-ZIP	399 N. Orange Ave	
	Orange City, FL 32763	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Braze Benton	
CITY-ST-ZIP	Share Holder	
	517 Donaldson Drive	
	DeBary FL 32713	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Share Holder	
CITY-ST-ZIP	Braze Benton	
	517 Donaldson Drive	
	DeBary, FL 32713	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Braze Benton 4-5-01 904-775-7867
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)