

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90537 036 ***158.75

DOCUMENT # V08270

1. Entity Name

LITTLE ANGELS CHILD CARE, INC.



Principal Place of Business
1340 CLASSIC DR
LONGWOOD FL 32779

Mailing Address
P.O. BOX 916016
LONGWOOD FL 32791-6016
US

2. Principal Place of Business

4726 Park Eden Circle

3. Mailing Address

P.O. Box 916013

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando

City & State

Longwood FL.

Zip

32810

Country

Orange

Zip

32791-6013

Country

U.S.

4. FEI Number

59-3102059

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

YOO, JUNE C
1340 CLASSIC DR
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
YOO, JUNE C
1340 CLASSIC DR
LONGWOOD FL 32779

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTD
YOO, STANLEY S
1340 CLASSIC DR
LONGWOOD FL

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☐ Change ☐ Addition

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:

Signature of June C. Yoo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

407-929-9123

407-213-4799

CR2E034 (10/02)