

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90164 042 ***550.00

0128037 AT

DOCUMENT # V08536

1. Entity Name

PRECIOUS BUNDLES CHILD CARE CENTER, INC.

Principal Place of Business

**3314 N NEBRASKA
TAMPA FL 33603
US**

Mailing Address

**P.O. BOX 172355
TAMPA FL 33672
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3104366**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILLEY-WASHINGTON, LORETHA L.
3608 EAST LAMBRIGHT AVENUE
TAMPA FL 33602**

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

Loretha Gilley-Washington

(NOTE: Registered Agent signature required when reinstating)

DATE

*7/9/02*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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**P****GILLEY-WASHINGTON, LORETHA
3608 E. LAMBRIGHT AVE.
TAMPA FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**T****WASHINGTON, GEORGE H
3608 E. LAMBRIGHT AVE.
TAMPA FL 33610**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**S****GILLEY, DUANE S
3608 E. LAMBRIGHT AVE.
TAMPA FL 33610**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Loretha Gilley-Washington

Date

*7/9/02**(813) 223-4180*

Daytime Phone #

CR2E034 (4/02)