

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90331 010 ***150.00

DOCUMENT # V18781

1. Entity Name

WENDY DEFORNO FAMILY DAY CARE HOME, INC.

Principal Place of Business

**5334 WINDHAWK WAY
 LUTZ FL 33549**

Mailing Address

**5334 WINDHAWK WAY
 LUTZ FL 33549**

2. Principal Place of Business

5334 WINDHAWK WAY

Suite, Apt. #, etc.

3. Mailing Address

5334 WINDHAWK WAY

Suite, Apt. #, etc.

City & State

LUTZ, FL.

City & State

LUTZ, FL.

Zip

33558

Country

USA

Zip

33558

Country

USA

4. FEI Number

59-3108891

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DEFORNO, WENDY
 5334 WINDHAWK WAY
 LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name

DEFORNO, WENDY

Street Address (P.O. Box Number is Not Acceptable)

5334 WINDHAWK WAY

City

LUTZ

FL

Zip Code

33558

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

Wendy L. DeForno

Wendy L. DeForno **president**

3/1/02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DEFORNO, WENDY	
STREET ADDRESS	5334 WINDHAWK WAY	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEFORNO, RONALD	
STREET ADDRESS	5334 WINDHAWK WAY	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFORNO, WENDY	
STREET ADDRESS	5334 WINDHAWK WAY	
CITY-ST-ZIP	LUTZ, FL. 33558	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFORNO, RONALD	
STREET ADDRESS	5334 WINDHAWK WAY	
CITY-ST-ZIP	LUTZ, FL. 33558	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Wendy L. DeForno **Wendy L. DeForno**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

Date

(813) 969-3537

Daytime Phone #

CR2E034 (9/01)