

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90270 019 ***150.00

6618890
FD

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.

CORRECTIONS

☒ CHECK HERE IF MAKING CHANGES

City & State

LUTZ FL

City & State

LUTZ FL

4. FEI Number **59-3108891**

Applied For

Not Applicable

Zip

33558

Country

USA

Zip

33558

Country

USA

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

DEFORNO, WENDY
5334 WINDHAWK WAY
LUTZ FL 33549

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Wendy L. Deorno **Wendy L. Deorno**

PRESIDENT

3/1/03

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	D	<input type="checkbox"/> Delete
NAME	DEFORNO, WENDY	
STREET ADDRESS	5334 WINDHAWK WAY	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEFORNO, RONALD	
STREET ADDRESS	5334 WINDHAWK WAY	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Wendy L. Deorno* **Wendy L. Deorno** **3/1/03** **(813) 969-3537**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)