

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91519 035 \*\*\*150.00

DOCUMENT # V22492  
1. Entity Name A Little Pre-School House Inc.

33706

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>4504 Sunderland Rd</u>		3. Mailing Address <u>4504 Sunderland Rd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>JAX FL</u>		City & State <u>JAX FL</u>	
Zip <u>32210</u>	Country <u>USA</u>	Zip <u>32210</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3112749</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Susan Bush</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4715 Queen Lane</u>	
City <u>JAX, FL</u>	Zip Code <u>32210</u>

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>President</u> <u>Susan Bush</u> <u>4715 Queen Ln</u> <u>JAX, FL 32210</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Vice President</u> <u>Timothy Bush</u> <u>4715 Queen Lane</u> <u>JAX, FL 32210</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon K. Bush 4/19/02 504-385-7116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)