

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90020 015 ***150.00

DOCUMENT # V46562

1. Entity Name

UNIQUE SCHOOL AGE CHILD CARE INC.

Principal Place of Business

**MYRTLE GROVE ELEM SCHOOL
 ULLIAN HWY
 PENSACOLA FL 32506**

Mailing Address

**1009 REVERE DR.
 PENSACOLA FL 32505**

2. Principal Place of Business

**UNIQUE Children Learning
 Suite, Apt. #, etc. ACADEMY
 1231 BARRANCOAS AVE**

3. Mailing Address

**1231 BARRANCOAS AVE
 Suite, Apt. #, etc. PENSACOLA**

City & State
PENS. FLA

City & State
FLORIDA

Zip
32501

Country
ESCAMBIA

Zip
32501

Country
ESCAMBIA

4. FEI Number **59-3127877**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KIRBY, JUANITA
 1009 REVERE DRIVE
 PENSACOLA FL 32505**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01
 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, 2001 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	CEO	<input type="checkbox"/> Delete
NAME	KIRBY, DENISE	
STREET ADDRESS	6401 E. SHORES DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KIRBY, JUANITA A	
STREET ADDRESS	1009 REVERE DR.	
CITY-ST-ZIP	PENSACOLA FL 32526	
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		<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		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANITA A. KIRBY

Date

3/7/01

Daytime Phone #

850-435-4844

CR2E034 (10/00)