

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90236 025 ***550.00

DOCUMENT # V46562

1. Entity Name
UNIQUE SCHOOL AGE CHILD CARE INC.

Principal Place of Business UNIQUE CHILDREN LEARNING ACADEMY 4331 BARRANGAO AVE PENSACOLA FL 32505	Mailing Address UNIQUE CHILDREN LEARNING ACADEMY 4331 BARRANGAO AVE PENSACOLA FL 32505
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2. Principal Place of Business 1009 REVERE DR Suite, Apt. #, etc.	3. Mailing Address 1009 REVERE DR Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PENSACOLA Fla	City & State PENSACOLA Fla	4. FEI Number 59-3127877	Applied For <input type="checkbox"/> Not Applicable
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Zip Fla 32505	Country ESCAMBIA	Zip 32505	Country ESCAMBIA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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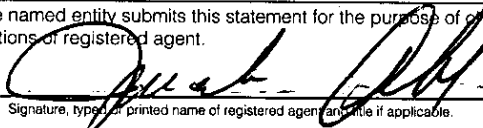
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRBY, JUANITA
1009 REVERE DRIVE
PENSACOLA FL 32505

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  **9-9-02**
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  **9-9-02** **850-453-6342**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)