

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90017 040 ***150.00

DOCUMENT # V63937

1. Entity Name
HAPPY TIME CHILD CARE, INC.

Principal Place of Business Mailing Address
200 SW 1ST AVENUE **200 SW 1ST AVENUE**
DELRAY BEACH FL 33444 **DELRAY BEACH FL 33444-3634**
US **US**



2. Principal Place of Business 3. Mailing Address
SAME AS ABOVE *SAME AS ABOVE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0373015** Applied For
 Not Applied For

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

CHANEY, WILBUR V. Name
506 N. E. 5TH AVE. Street Address (P.O. Box Number is Not Acceptable)
DELRAY BEACH FL 33483 *N/A*
 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 *N/A* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, MAMIE NELL	NAME	
STREET ADDRESS	148 SW 9TH AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, NATHANIEL	NAME	
STREET ADDRESS	148 SW 9 AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, PHILLIP	NAME	
STREET ADDRESS	4200 CENTRAL PARK PL	STREET ADDRESS	
CITY-ST-ZIP	COLLEGE PARK GA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, DONNIE	NAME	
STREET ADDRESS	2638 NE 3 CT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, RUDOLPH	NAME	
STREET ADDRESS	148 SW 9 AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* Date: Daytime Phone #: **(561) 243-3780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR