2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90215 026 ***158.75

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DOCUMENT # V63937

1. Entity Name
HAPPY TIME CHILD CARE, INC.

Principal Place of Business
200 SW 1ST AVENUE
DELRAY BEACH FL 33444
US

Mailing Address
200 SW 1ST AVENUE
DELRAY BEACH FL 33444
US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business — SAME-AS-ABOVE
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address — SAME-AS-ABOVE
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0373015 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHANEY, WILBUR V.
506 N. E. 5TH AVE.
DELRAY BEACH FL 33483

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

SIGNATURE
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	P ☐ Delete	TITLE	☐ Change ☐ 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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OWENS, NATHANIEL	NAME	
STREET ADDRESS	148 SW 9 AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OWENS, PHILLIP	NAME	
STREET ADDRESS	4200 CENTRAL PARK PL	STREET ADDRESS	
CITY-ST-ZIP	COLLEGE PARK GA	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OWENS, DONNIE	NAME	
STREET ADDRESS	2638 NE 3 CT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OWENS, RUDOLPH	NAME	
STREET ADDRESS	148 SW 9 AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED DIRECTOR 1/6/03 (561) 243-3780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)