

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
 03-18-2002 90005 039 ***150.00

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DOCUMENT # P93000087724

1. Entity Name
PAISLEY OAKES CHILD CARE CENTER, INC.

Principal Place of Business

6260 ANCHOR LANE
 ROCKLEDGE FL 32955
 US

Mailing Address

6260 ANCHOR LANE
 ROCKLEDGE FL 32955
 US

2. Principal Place of Business

24960 CR 42, Paisley, FL 32767

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

FL 32767

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3235279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CLEMENT, G. EDWARD ESQ.
 308 E. FIFTH AVENUE
 MOUNT DORA FL 32757

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)

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, 2002 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 ☐ Delete
 NAME DPT
 STREET ADDRESS WAGNER, AUSTIN C
 CITY-ST-ZIP P.O. BOX 508 N/A
 PAISLEY FL 32767

TITLE ☐ Delete
 NAME VST
 STREET ADDRESS WAGNER, ELAINE CLIFFORD
 CITY-ST-ZIP P.O. BOX 508 N/A
 PAISLEY FL 32767

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

321-635-8921

Date

Daytime Phone #

CR2E034 (9/01)