

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **856047**

1. Entity Name
KID 8 (WORLD WIDE), INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 11:47

Principal Place of Business
**% G E CARTER
122 COVENTRY PLACE
PALM BEACH GARDENS FL 33418**

Mailing Address
**% G E CARTER
122 COVENTRY PLACE
PALM BEACH GARDENS FL 33418**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**560 Village Blvd
Suite 260
West Palm Beach FL
33409 USA**

3. Mailing Address
**560 Village Blvd
Suite 260
West Palm Beach FL
33409 USA**

4. FEI Number **88-0150486** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERSEN, SUSAN L.
C/O DELOITTE & TOUCHE
1645 PALM BEACH LAKES BLVD., STE. 900
WEST PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name **Thomas M. Nolan**
Street Address (P.O. Box Number is Not Acceptable)
560 Village Blvd Suite 260
City **West Palm Beach FL** Zip Code **33409**

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 **Thomas M. Nolan** DATE **10/5/01**
(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 \$550.00
After September 12, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, GARY E 15 HUNTLY DRIVE PALM BEACH GARDEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JAMES 2359 CONEJO LANE FULLERTON CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, SANDRA 15 HUNTLY DRIVE PALM BEACH GARDEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004649328--6 -10/23/01--01029--006 *****550.00 *****550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Thomas M. Nolan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **10/5/01** DAYTIME PHONE # **(561) 686-3088**

CR2E034 (5/01)



October 5, 2001

Florida Department of State
Reinstatement Division
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Do to a mix up with a change of address, the enclosed Uniform Business Report did not reach me until yesterday. At the direction of your office today, I am requesting reinstatement and have enclosed the required payment.

Please process the change of address detailed in the enclosed report. We are sorry about this mix up and, with the correct address now on file, will insure that our future reports are filed on a timely basis.

Thanks in advance for your prompt response to this request.

Very truly yours,

A handwritten signature in cursive script that reads "Gary E. Carter".

Gary E. Carter
President

GEC/krm