## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Mar 28, 2003 8:00 am **Secretary of State** DOCUMENT # N02000002890 03-28-2003 90097 003 \*\*\*\*61.25 KIDS KEEPER INTERNATIONAL INC. Principal Place of Business Mailing Address 2865 BUCKSKIN RD. 2865 BUCKSKIN RD. ORLANDO FL 32822 ORLANDO FL 32822 3. Mailing Address Principal Place of Business 2. Principal Place of Business 4900 S. RIO GRANDE AVE 30 Q Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 6 B City & State City & State . Applied For 36-44951 Janaria ORIANdo Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired のRLANDO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIDWELL, JILL C Street Address (P.O. Box Number is Not Acceptable) 6214 WHITE OAK LANE ORLANDO FL 32809 City Zip Code 8.5 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Pavable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition NAME BIDWELL GARY E NAME STREET ADDRESS 6214 WHITE OAK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 Delete ☐ Addition BIDWELL, JILL C NAME STREET ADDRESS STREET ADDRESS 6214 WHITE OAK LANE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 ☐ Addition TITLE ☐ Defete TITLE Change Change NAME JONES, DONALD NAME STREET-ADDRESS STREET ADDRESS 866 E. MARK-ST. CITY-ST-ZIP CITY-ST-ZIP MARION, OH 43302 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filling 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 617, 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. 464 697-175N

SIGNATURE

mc, Bidwell