

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90046 012 ****61.25

DOCUMENT # N95000001501

1. Entity Name
TYKES AND TEENS, INC.

Principal Place of Business 729 COLORADO AVENUE P.O. BOX 2025 STUART FL 34995	Mailing Address PO BOX 265 STUART FL 34995-0265 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0570899	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHERRY, RICHARD G 1665 PALM BEACH LAKES BLVD. SUITE 600 W PALM BEACH FL 33401			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	ROBY, MILDRED 4073 SE FAIRWAY EAST STUART FL 34997	TITLE Gordon Neasing	1755 SW St. Andrew Drive Palm City, FL 34990
TITLE S	FOY, VIRGINIA 1925 NE RIVER COURT JENSEN BCH FL	TITLE Gordon Neasing	1755 SW St. Andrew Drive Palm City, FL 34990
TITLE P	RALICKI, JEANNE 729 COLORADO AVE STUART FL		
TITLE D	SHCAEFFER, JANET 107 N.E. 4TH STREET OKEECHOBEE FL 34972		
TITLE D	PIHENGER, THOMAS 3222 S.E. COURT DR STUART FL 34997		
TITLE D	LUCIDA, DIEDRE 7 NE QUAIL RUN LANE SEWALLS POINT FL		

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 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.

SIGNATURE: [Signature] DATE: 2/14/00 DAYTIME PHONE #: 561-220-3437

CR2E037 (9/99)