

2001 UNIFORM BUSINESS REPORT (UBR)

4/13

FILED
May 22, 2001 8:00 am
Secretary of State

04-13-2001 90022 002 ****61.25

DOCUMENT # N99000004861

1. Entity Name

CITY KIDS ART FACTORY, INC.

Principal Place of Business

4873 JAYBIRD CIRCLE, N
 JACKSONVILLE FL 32257

Mailing Address

4873 JAYBIRD CIRCLE, N
 JACKSONVILLE FL 32257

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3882-010 *Baymeadows Rd*

PMB 370

Jacksonville, FL

32217

Duval

4. FEI Number

59-3638295

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

46141



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OWENS, GREGORY
 4873 JAYBIRD CIRCLE, N
 JACKSONVILLE FL 32257

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

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

TITLE	D <input type="checkbox"/> Delete
NAME	WYNN, DONALD R
STREET ADDRESS	1785 EDGEWOOD AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	D <input type="checkbox"/> Delete
NAME	OWENS, GREGORY
STREET ADDRESS	4873 JAYBIRD CIRCLE, N.
CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	DVPT <input type="checkbox"/> Delete
NAME	SADLER, KAREN
STREET ADDRESS	1873 HICKORY LANE
CITY-ST-ZIP	ATLANTIC BEACH FL 32233
TITLE	D <input type="checkbox"/> Delete
NAME	TAYLOR-SCALES, MADELINE
STREET ADDRESS	123 GLEN EAGLE CORUT
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1765 Edgewood Avenue
STREET ADDRESS	Jacksonville, FL 32205
CITY-ST-ZIP	
TITLE	President, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4873 Jaybird Circle, N
STREET ADDRESS	Jacksonville, FL
CITY-ST-ZIP	32257
TITLE	Treasurer, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1873 Hickory Lane
STREET ADDRESS	At Lantic Bch, FL
CITY-ST-ZIP	32233
TITLE	Secretary, D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7047 Cypress Bridge Drive, S
STREET ADDRESS	Ponte Vedra Beach, FL
CITY-ST-ZIP	32082
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

Gregory Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01

Date

(904) 636-5681

Daytime Phone #

Gregory Owens

CR2E037 (10/00)