

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90093 006 ***150.00

DOCUMENT # P94000088698
 1. Entity Name
123 KIDS, INCORPORATED

Principal Place of Business Mailing Address
~~10003 133RD ST. N.~~ 10003 133RD ST. N.
 SEMINOLE FL ~~34646-1545~~ SEMINOLE FL 33776-1545

905545



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7777 131st STREET NO.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
SEMINOLE FL

4. FEI Number Applied For
59-3281280 Not Applicable

Zip Country Zip Country
33776-1545 **PINELLAS**

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

6. Name and Address of Current Registered Agent
CALEB, ROBERTA G
10003 133RD ST. N.
SEMINOLE FL 34646-1545

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 _____ (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, 2000 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	DPV	<input type="checkbox"/> Delete
NAME	CALEB, ROBERTA G	
STREET ADDRESS	10003 133RD ST. N.	
CITY-ST-ZIP	SEMINOLE FL 34646-1545	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CALEB, ROBERTA G	
STREET ADDRESS	10003 133RD ST. N.	
CITY-ST-ZIP	SEMINOLE FL 34646-1545	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33776-1545	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33776-1545	
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		

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: Roberta G. Caleb 1/18/00 727-393-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROBERTA G. CALEB, PRESIDENT

CR2E034 (9/99)