

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90039 001 ***150.00

DOCUMENT # P96000003910

1. Entity Name
BRANDON KIDSPRAY, INC.

Principal Place of Business

**ONE TAMPA CITY CENTER
 SUITE 2600
 TAMPA FL 33602**

Mailing Address

**ONE TAMPA CITY CENTER
 SUITE 2600
 TAMPA FL 33602**

2. Principal Place of Business

Same As Above

3. Mailing Address

Same As Above

Suite, Apt. #, etc. " "

Suite, Apt. #, etc. " "

City & State " "

City & State " "

Zip " "

Country " "

Zip " "

Country " "

4. FEI Number **59-3364902**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT V
 ONE TAMPA CITY CENTER
 SUITE 2600
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name *Same*
 Street Address (P.O. Box Number is Not Acceptable) *Same*
 City *Same* FL Zip Code *Same*

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 *Donna Howe Williams - Donna Howe Williams* DATE *1-13-02*

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	HOWE WILLIAMS, DONNA	
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 2600	
CITY-ST-ZIP	TAMPA FL 33602	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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: *Donna Howe Williams* DATE *1-13-02* DAYTIME PHONE # *813 264 1123*



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)