

FILED

02-26-2000 90071 027 ***150.00

815724



DO NOT WRITE IN THIS SPACE

DOCUMENT # K92172

1. Entity Name
KID-U-NOT, INC.

Principal Place of Business
1201 CENTRAL PARK DR
SANFORD FL 32771
US

Mailing Address
1201 CENTRAL PARK DR
SUITE 150
SANFORD FL 32771-6638
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

4. FEI Number
59-2951758

Applied For
Not Applicable

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

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6. Name and Address of Current Registered Agent
MARKS, ROBERT O.
200 E. ROBINSON ST., SUITE 865
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
Jeffrey M. KOLTUN
Street Address (P.O. Box Number is Not Acceptable)
557 N. WYMORE RD. #100
City
MAITLAND
FL
Zip Code
32751

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
2/21/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
P
RUBEL, LINDA T.
143 SWEET BAY CIRCLE
LAKE MARY FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

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: Linda T. Rubel
Date
2-21-00
Daytime Phone #
407-324-2112