

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000063

Entity Name: AMIKIDS YES, INC.**Current Principal Place of Business:**4337 SAFFOLD ROAD
WIMAUMA, FL 33598**Current Mailing Address:**4337 SAFFOLD ROAD
WIMAUMA, FL 33598 US**FEI Number:** 59-3217810**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HULL, DAVID J
SMITH, HUSLEY & BUSEY
ONE INDEPENDENT DRIVE SUITE 3300
JACKSONVILLE, FL 32202 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S, T
Name	KNIGHT, ALBERT
Address	4337 SAFFOLD ROAD
City-State-Zip:	WIMAUMA FL 33598

Title	D
Name	THORNTON, MICHAEL A.
Address	5915 BENJAMIN CENTER DRIVE
City-State-Zip:	TAMPA FL 33634

Title	D
Name	WOODEN, HOWARD
Address	4337 SAFFOLD ROAD
City-State-Zip:	WIMAUMA FL 33598

Title	D
Name	ALVAREZ, STEVEN
Address	4337 SAFFOLD ROAD
City-State-Zip:	WIMAUMA FL 33598

Title	D
Name	VALIENTE, JORGE
Address	4337 SAFFOLD ROAD
City-State-Zip:	WIMAUMA FL 33598

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A. THORNTON**DIRECTOR****04/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date