

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 753372**

1. Entity Name

**OK KIDS, INC.****FILED****Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90280 044 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**OK KIDS, INC.**  
**19506 GULF BOULEVARD**  
**INDIAN SHORES FL 33785**  
**US****OK KIDS, INC.**  
**19506 GULF BOULEVARD**  
**INDIAN SHORES FL 33785**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2129154**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAVARES, GERALD A.**  
**9 EAST TARPON AVENUE**  
**TARPON SPRINGS FL 33589**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**MEEKS, ROBERT F**  
**19418 GULF BOULEVARD #408**  
**INDIAN SHORES FL 33785**  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD**  
**FLANAGAN, PATRICK K**  
**2701 W. BUSCH BLVD., STE. 114**  
**TAMPA FL 33618**  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**SCHAFER, AL W**  
**11209 CASTLEBERRY RD.**  
**ODESSY FL 33556**  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**GLADIS, ROBIN**  
**5701 MARINER, #503A**  
**TAMPA FL 33609**  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**HURST, KRISTY K**  
**3324 MANOR COVE CIR.**  
**RIVERVIEW FL 33569**  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE: **Robert F. Meeks**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2001

(813) 961-5206

CR2E037 (10/00)