

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90192 050 ***150.00

DOCUMENT # F0G000002466

1. Entity Name
INFANTVIEW, INC. DBA PARENT PRODUCTS CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

350 DEER POINTE CIRCLE

Suite, Apt. #, etc.

B

3. Mailing Address

350 DEER POINTE CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CASSELBERRY, FLORIDA

City & State
CASSELBERRY, FLORIDA

4. FEI Number

59-3638902

Applied For

Not Applicable

Zip
32707

Country
USA

Zip
32707

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
DENNIS H. MENEFFEE

Street Address (P.O. Box Number is Not Acceptable)

350 DEER POINTE CIRCLE

City **CASSELBERRY**

FL

Zip Code
32707

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IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**P
DENNIS H. MENEFFEE
350 DEER POINTE CIRCLE
CASSELBERRY, FL 32707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/T/S
MEREDITH J. MENEFFEE
350 DEER POINTE CIRCLE
CASSELBERRY, FL 32707**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Meredith J. Menefee / MEREDITH J. MENEFFEE

4/23/02 (407) 699-8299

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)