

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90023 044 ***150.00

DOCUMENT # F00000003662
1. Entity Name
KIDDIE KANDIDS CORPORATION

Principal Place of Business **Mailing Address**
9343 S. 670 WEST **9343 S. 670 WEST**
SANDY UT 84070 **SANDY UT 84070**

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number **87-0445793** **Applied For**
Not Applicable

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

7. Name and Address of New Registered Agent
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**

9. This corporation is eligible to satisfy its intangible **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
Tax filing requirement and elects to do so. **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
(See criteria on back) **Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOX, C. WAYNE		NAME		
STREET ADDRESS	450 E. CANYON ROAD		STREET ADDRESS		
CITY-ST-ZIP	HENEFER UT 84033		CITY-ST-ZIP		
TITLE	VPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, R. SCOTT		NAME		
STREET ADDRESS	9343 S. 670 WEST		STREET ADDRESS		
CITY-ST-ZIP	SANDY UT 84070		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-15-02** **Date** **Daytime Phone #**

CR2E034 (9/01)