

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005388

1. Entity Name

H.I.S. K.I.D.S. INCORPORATED

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90052 046 ****61.25

Principal Place of Business

P O BOX 412 N/A
HIGHLAND IL 62249
US

Mailing Address

1620 STELLA DR
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-1170527

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILES, JAMES H III
1620 STELLA DR
SARASOTA FL 34231

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

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

TITLE D
NAME KONK, ROBERT
STREET ADDRESS 2210 BROADWAY
CITY-ST-ZIP HIGHLAND IL 62249

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

TITLE DPT
NAME MILES, JAMES H III
STREET ADDRESS 1620 STELLA DR
CITY-ST-ZIP SARASOTA FL

Delete

TITLE

Change Addition

TITLE DVS
NAME MILES, CONNIE L
STREET ADDRESS 1620 STELLA DR
CITY-ST-ZIP SARASOTA FL

Delete

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

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.

941

SIGNATURE:

JAMES H. MILES 1-17-01 927-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)