## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **F96000005388** 1. Entity Name H.I.S. K.I.D.S. INCORPORATED

## **FILED** Jul 25, 2002 8:00 am Secretary of State 07-25-2002 90127 040 \*\*\*\*61.25

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Principal Pl	lace of Busines	s	Mai	ling Address							
P O BOX 412 N/A HIGHLAND IL 62249 US			1620 STELLA DR SARASOTA FL 34231				U ·	, a = :			
							1 1111111 111	<b>. (13)18 8)</b> 131 <b>8 8</b> 71 <b>9 8</b> 112	CAMIL BRIDE BADAN I		(Bibi in) ion
2. Principal Place of Business			3. M	3. Mailing Address							
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & St	ate			City & State		<u> </u>	4. FEI Number				
Zin							4. FEI Number	37-1170527		_	Applied For Not Applicab
Zip	_	Country		ip	Countr		5. Certificate of	Status Desired	□ \$8	3.75 A	dditional
	6. Name	and Address of Curre							Fe	e Requir	red
						lame	7. Name and A	ddress of New Re	gistered Age	ent	
MILES	AMES H III					Street Address	s (P.O. Box Number i	- 61-1 6	- <u>-</u>		,,
1620 STE					Ľ	- Address	s (F.O. Box Number)	s Not Acceptable)			
	TA FL 34231								<u>-</u>		
<del>-</del> -					<u> </u>	City	<u> </u>			Zip Co	de
8. The above	e named entity	submits this statement	t for the nurr	noon of changing its		10			FL		
the obliga	ations of registe	submits this statement red agent.	. Tor the purp	oose or changing its	registerea d	ffice or regist	tered agent, or both, i	in the State of Flori	da. I am fami	iliar with	, and accep
SIGNATURE				· · · · · · · · · · · · · · · · · · ·							
	Signature, typed or	printed name of registered age	ent and title if app	plicable. (NOTE	E: Registered Age	nt signature requir	red when reinstating)		DATE		
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	After Septe	mber 13, 2002,		9. Election Carr	npaign Finar		\$5.00 May Be	Maki	Check Pa	vahla	to
•	After Septe min. will	mber 13, 2002, be \$236.25.		9. Election Carr Trust Fund C	npaign Finar Contribution.	cing	\$5.00 May Be Added to Fees	Make De	Check Pa	yable of State	to
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	min. will	be \$236.25.	DIRECTORS	Trust Fund C	Contribution.			De	partment c	of State	<b>e</b> N 10
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: #

ETAMES H. MILES IT 720-02

927-7020