2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # H94003

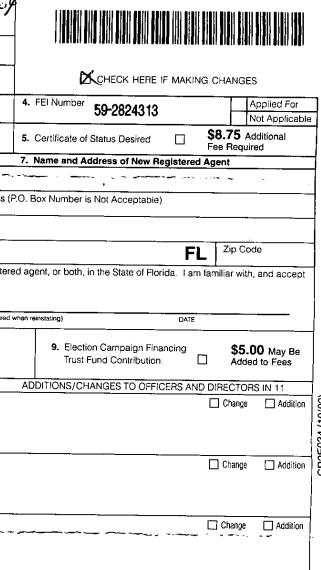
1. Entity Name

CHITANKID, INC.



FILED Jan 21, 2003 8:00 am **Secretary of State**

01-21-2003 90572 001 ***450.00



Principal Pla 5309 MCCO ORLANDO F	ace of Busines Y 90x // 1,32812	s 10 W IV.WILE #34 WAN OFC 3380	BUSSOS MCC ORLANDO	ddress XOV XO. / FL 32812	110 W] #34 Ano FL	338 cy	s <i>up</i> []	ING NEW AND SELECTION AND SELE			e:
2. Principal Place of Business			3. Mailing Address								
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-2824313 Applied For Not Applied For				Applied For Not Applicable
Zip		Country	Zip	, ,		ntry 5.		cate of Status Desired	ı 🗆	\$8.75 Ac	dditional
	6. Name	and Address of Current	Registered A	gent			7. Name	and Address of New			
					Nar	ne					_
HILLMAN, RANDY 203 HILLCREST ST.					Stre	Street Address (P.O. Box Number is Not Acceptable)					
ORLAND	O FL 32801				City				FL	Zip Cod	de
8. The above the obliga	e named entity	submits this statement for ered agent.	the purpose of	of changing its r	registered offic	e or registere	d agent, or	both, in the State of f		1 '	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable	(NOTE:	Registered Agent s	ignature required w	hen reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9.	Election Campaign F Trust Fund Contribut	~ ~		00 May Be d to Fees
10.		OFFICERS AND (DIRECTORS		11.	-	ADDITIO	NS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SHAPIRO, 53 09 MCC G RLANDO	9Y RD. 1110 W.S. FL 32812 #31	TURNITOR	Delete 5 BLVP. 33804	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		100		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAPIRO, 5309 MCC O RLANDO	JAMES L. 1/10 W DY RD #3 Y FL 30812 ORGAN	I VANIS 1 W F1 - 3	E BLUD. 2504	TITLE NAME STREET AODRE CITY-ST-ZIP	SS				☐ Change	☐ Addition
TIŢLE NAME STREET ADDRESS CITY-ST-ZIP	V. SHAPIRO, 5309 MCCI ORLANDO	DA BD , 4110 M	SHAPING IVAUHOC #34 WO FC.	Delete BLUD- 308UY	NAME STREET ADDRES CITY-ST-ZIP	ss				Change	Addition
TITLE NAME Street Address City-St-Zip	V SHAPIRO, V 5309 MCCO ORLANDO	JESSICA DY RD	· ·	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss	-		i	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s]	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRES	s	<u>, </u>			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 607, 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:

BRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR