

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
 04-11-2002 90036 017 ***150.00

041438 AV

DOCUMENT #	H97369
1. Entity Name	
BABY BUDDIES, INC.	

Principal Place of Business	Mailing Address
615 JASMINE AVE. N.	615 JASMINE AVE. N.
SUITE I	SUITE I
TARPON SPRINGS FL 34689	TARPON SPRINGS FL 34689

2. Principal Place of Business	3. Mailing Address
2251 Destiny Way	2251 Destiny Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Unit 2	Unit 2

City & State	City & State
Odessa, FL	Odessa, FL

Zip	Country	Zip	Country
33556	Pasco	33556	Pasco

4. FEI Number	59-2654188	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KRAUSE, DARLENE K.
615 JASMINE AVE. N. SUITE I
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2251 Destiny Way, Unit 2
City
Odessa
FL
Zip Code
33556

8. The above named entity submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.		
SIGNATURE	Darlene K. Krause, President	4/03/02
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00	After May 1, 2002 Fee will be \$550.00	Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KRAUSE, PHILLIP G.		NAME				
STREET ADDRESS	4321 WORTHINGTON CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY-ST-ZIP				
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KRAUSE, DARLENE K.		NAME				
STREET ADDRESS	4321 WORTHINGTON CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34685		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 Required	Phillip G. Krause	4/03/02	727-372-5072
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				
<small>Date Daytime Phone #</small>				

CR2E034 (9/01)