

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K83333**

1. Entity Name

KID E PATCH, INC.

Principal Place of Business

**813 N LAKEMONT AVE
WINTER PARK FL 32792
US**

Mailing Address

**813 N LAKEMONT AVE
WINTER PARK FL 32792
US**

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

**GARBERS, LISA D
104 ROSE BRIAR DR
LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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's signature required when reinstating)

Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$650.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPT GARBERS, L D 104 ROSE BRIAR DR LONGWOOD FL 32750	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S GARBERS, L D 104 ROSE BRIAR DR LONGWOOD FL 32750	☐ Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90275 035 ***150.00

00041663



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2944230**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

407-740-6118