

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000003264**

1. Entity Name

KIDTEST.COM L.C.

Principal Place of Business

**115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33951-1447**

Mailing Address

**P.O. DRAWER 511447
PUNTA GORDA FL 33951-1447**

2. Principal Place of Business

508 Port Bendres Drive

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

4. FEI Number

59-3658350

Applied For

Not Applicable

Zip

Country

Zip

Country

33950 Charlotte5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DRAPER, MARK A
115 WEST OLYMPIA AVENUE
FARR, FARR, EMERICH, SIFRIT
PUNTA GORDA FL 33951-1447**

7. Name and Address of New Registered Agent

Name **Jennifer R. Howell
Farr, Farr, Emerich, et al**Street Address (P.O. Box Number is Not Acceptable)
99 Nesbit StreetCity **Punta Gorda****FL**Zip Code
33950

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

Jennifer R. Howell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/26/02***FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SCHEER, GEORGE C**
STREET ADDRESS **508 PORT BENDRES DR.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*2-22-02 941-575-1429***FILED
Mar 13, 2002 8:00 am
Secretary of State**

03-13-2002 90016 014 ****50.00

B0042099

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)