

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**  
 04-26-2002 90019 017 \*\*\*158.75

US12/9 AV

**DOCUMENT # L52083**

1. Entity Name  
**KIDS KAROUSEL, INC. OF CENTRAL FLORIDA**

Principal Place of Business Mailing Address  
**1527 DODD RD 1527 DODD RD**  
**WINTER PARK FL 32792-3669 WINTER PARK FL 32792-3669**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |  |  |                                |  |
|--------------------------------|---------|---------------------|---------|--|--|--------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>95-3013139</b>                                      |  | Applied For                    |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |  |  | Not Applicable                 |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | \$8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |  |  |                                |  |

|  |  |  |  |  |  |    |  |
|--|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent                                |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| <b>CHARLOTTE ROBERTS</b><br><b>1521 DODD RD</b><br><b>WINTER PARK FL 32792</b> |  |  |  | Name   |  |    |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|  |  |  |  |  |  |    |  |
|  |  |  |  | City   |  | FL |  |

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 \_\_\_\_\_ (NOTE: Registered Agent 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) <input type="checkbox"/> |  | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |  | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
|---|--|---|--|--|--|

| 11. OFFICERS AND DIRECTORS |                           |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                        |  |
|----------------------------|---------------------------|---------------------------------|---|------------------------|--|
| TITLE                      | P                         | <input type="checkbox"/> Delete | TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ROBERTS, CHARLOTTE A      |                                 | NAME  |                        |  |
| STREET ADDRESS             | 1521 DODD RD              |                                 | STREET ADDRESS  |                        |  |
| CITY-ST-ZIP                | WINTER PARK FL 32792-3669 |                                 | CITY-ST-ZIP   |                        |  |
| TITLE                      | VP                        | <input type="checkbox"/> Delete | TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ROBERTS, GREGORY A.       |                                 | NAME  |                        |  |
| STREET ADDRESS             | 1511 DODD RD              |                                 | STREET ADDRESS  |                        |  |
| CITY-ST-ZIP                | WINTER PARK FL 32792-3669 |                                 | CITY-ST-ZIP   |                        |  |
| TITLE                      | ST                        | <input type="checkbox"/> Delete | TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ROBERTS, MICHELLE M.      |                                 | NAME  |                        |  |
| STREET ADDRESS             | 1511 DODD RD              |                                 | STREET ADDRESS  |                        |  |
| CITY-ST-ZIP                | WINTER PARK FL            |                                 | CITY-ST-ZIP   |                        |  |
| TITLE                      | D                         | <input type="checkbox"/> Delete | TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DANN, GLENNA              |                                 | NAME  |                        |  |
| STREET ADDRESS             | 2452 N SR #426            |                                 | STREET ADDRESS  |                        |  |
| CITY-ST-ZIP                | OVIDO FL 32765            |                                 | CITY-ST-ZIP   |                        |  |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   | M                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  | DAVID ROBERTS          |  |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  | 1521 DODD RD           |  |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   | WINTER PARK, FL. 32792 |  |
| 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:** *Charlotte Roberts* **4/8/02** **407-678-6675**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)