

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90057 035 ****61.25

DOCUMENT # N00000000841

1. Entity Name

KID FOCUS, INC.

Principal Place of Business

2821 E. COMMERCIAL BLVD.
SUITE 200
FT. LAUDERDALE FL 33308

Mailing Address

2821 E. COMMERCIAL BLVD.
SUITE 200
FT. LAUDERDALE FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0979929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHOATE, GAIL
2821 E. COMMERCIAL BLVD.
SUITE 200
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

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

City

FL

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 signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHOATE, GAIL	
STREET ADDRESS	2821 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORMLEY, IMELDA	
STREET ADDRESS	815 SW 18TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHINLEVER, JACQUELINE	
STREET ADDRESS	4207 NE 34TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, PAMELA L	
STREET ADDRESS	2400 E. COMMERCIAL BLVD. SUITE 820	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, PAMELA L	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	MC TAGUE, JOEL	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amps, James	
STREET ADDRESS	PO Box 820231	
CITY-ST-ZIP	Pembroke Pines FL 33082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, Brian	
STREET ADDRESS	8325 Quail Close	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lowe, Kim	
STREET ADDRESS	2849 S. Belmont Lane	
CITY-ST-ZIP	Cooper City FL 33026	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McTague, Joel	
STREET ADDRESS	8316 Via Leonisa	
CITY-ST-ZIP	Boca Raton FL 33433	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/01

954-229-0434

CR2E037 (10/00)