

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90057 042 ****61.25

DOCUMENT # N00000002210

1. Entity Name

KALEIDOSCOPE KIDS, INC.

Principal Place of Business

**1132 TOWNSEND BLVD
 JACKSONVILLE FL 32211**

Mailing Address

**1132 TOWNSEND BLVD
 JACKSONVILLE FL 32211**

2. Principal Place of Business

3271 Tiger Hole Rd

3. Mailing Address

3271 Tiger Hole Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3579991

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32216

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL, MARGARET
 1132 TOWNSEND BLVD
 JACKSONVILLE FL 32211**

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

Margaret J Marshall

Margaret Marshall

4/22/02

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 **PD** ☐ Delete
 NAME **MARSHALL, MARGARET J**
 STREET ADDRESS **1132 TOWNSEND BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☐ Delete
 NAME **MARSHALL, RICHARD**
 STREET ADDRESS **1132 TOWNSEND BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☐ Delete
 NAME **EVANS, JONATHAN DR**
 STREET ADDRESS **112 COLUMBO ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
 NAME **EVANS, EVELYN**
 STREET ADDRESS **112 CLUMBO ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
 NAME **FLETCHER, GEORGE H**
 STREET ADDRESS **3923 PONCE DE LEON AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **D** ☐ Delete
 NAME **GRESSMAN, TAMI**
 STREET ADDRESS **6982 GARDEN ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32219**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

Margaret Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

9047333070

Daytime Phone #

CR2E037 (9/01)