

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0011-39

DOCUMENT # N00000006087

1. Entity Name

KOOLKIDS2000, INC.

05-03-2001 90100 029 ****61.25

Principal Place of Business

**17913 PARK PLACE
 FOUNTAIN FL 32438**

Mailing Address

**P O BOX 278
 FOUNTAIN FL 32438-0278**

2. Principal Place of Business

17835 PARK PLACE

Suite, Apt. #, etc.

3. Mailing Address

17835 PARK PLACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FOUNTAIN, FL

City & State

FOUNTAIN, FL

4. FEI Number

59-3684959

Applied For

Not Applicable

Zip

32438

Country

USA

Zip

32438

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMA, CARL R
 17336 LAFONTAIN DRIVE
 FOUNTAIN FL 32438**

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

CARL R. THOMA, CHAIRMAN

APR 24, 2001

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 **C** Delete
 NAME **THOMA, CARL R**
 STREET ADDRESS **P O BOX 278**
 CITY-ST-ZIP **FOUNTAIN FL 32438-0278**

TITLE **V** Delete
 NAME **LEIGHTY, KATHY**
 STREET ADDRESS **21033 HIGHTOWER ROAD**
 CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE **D** Delete
 NAME **FOX, ALMA J**
 STREET ADDRESS **11016 SANJO ROAD**
 CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE **D** Delete
 NAME **HOUCK, LYNNETTE**
 STREET ADDRESS **19310 DEEP SPRINGS RD.**
 CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE **D** Delete
 NAME **MORGAN, RACHEL**
 STREET ADDRESS **12323 OLEANDER ST**
 CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Change Addition
 NAME **JOHNSON, JAMES**
 STREET ADDRESS **42017 FOUNTAIN PARK RD**
 CITY-ST-ZIP **FOUNTAIN, FL 32438**

TITLE **D** Change Addition
 NAME **CLEMONDS, MARY ANN**
 STREET ADDRESS **11805 MAGNOLIA ST**
 CITY-ST-ZIP **FOUNTAIN, FL 32438**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Change Addition
 NAME **HOUCK, LYNNETTE**
 STREET ADDRESS **19310 DEEP SPRINGS RD**
 CITY-ST-ZIP **FOUNTAIN, FL 32438**

TITLE **S/D** Change Addition
 NAME **MORGAN, RACHEL**
 STREET ADDRESS **12323 OLEANDER ST**
 CITY-ST-ZIP **FOUNTAIN, FL 32438**

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:

CARL R. THOMA, CHAIRMAN

APR 24, 2001 850-722-9476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)