

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-16-2001 90037 011 ****61.25

DOCUMENT # N00000007778

1. Entity Name

S.A.A.B. FOR KIDS, INCORPORATED

Principal Place of Business

40 OLD WINSTON CIR.
 DESTIN FL 32541

Mailing Address

P. O. BOX 1180
 DESTIN FL 32540

6796

2. Principal Place of Business

Mailing Address

P.O. Box 1187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

City & State

Destin, Florida

FBI Number

59-3690070

Applied For

Not Applicable

Zip

Country

Zip

Country

32540

OKla00sa

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUPUIS, EARL J
 40 OLD WINSTON CIR.
 DESTIN FL 32541

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: No

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 DUPUIS, EARL J
 40 OLD WINSTON CIR.
 DESTIN FL 32541 ☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 EARNEST, BEVERLY
 P. O. BOX 771
 DESTIN FL 32540 ☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 DUPUIS, RANDALL
 40 OLD WINSTON CIR.
 DESTIN FL 32541 ☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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: Earl J. Dupuis **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2001

Date

850-267-3989

Daytime Phone #

CR26037 (10/00)