

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91623 031 \*\*\*\*70.00

**DOCUMENT # N01000003378**

1. Entity Name

**KINGDOM KIDS, INC.**

Principal Place of Business

Mailing Address

**6415-C NORTH PEARL ST.  
 JACKSONVILLE FL 32208**

**6415-C NORTH PEARL ST.  
 JACKSONVILLE FL 32208**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3721088**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, LEWIS  
 6415-C NORTH PEARL ST.  
 JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

Name **Deborah A. Brinkley**  
 Street Address (P.O. Box Number is Not Acceptable) **6415-C NORTH PEARL STREET**  
 City **Jacksonville** FL Zip Code **32208**

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

*Deborah A. Brinkley*

*May 9, 2002*

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D</b><br><b>SPEIGHT, ANTHONY L</b><br><b>6415-C NORTH PEARL ST.</b><br><b>JACKSONVILLE FL 32208</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><del><b>D</b></del><br><del><b>SPEIGHT, REVONDO LYN</b></del><br><del><b>6415-C NORTH PEARL ST.</b></del><br><del><b>JACKSONVILLE FL 32208</b></del><br><b>Delete.</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D</b><br><b>MOORE, VANESSA</b><br><b>6415-C NORTH PEARL ST.</b><br><b>JACKSONVILLE FL 32208</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>D</b><br><b>Hendley, Lonnie B</b><br><b>1388 Agnes Rd.</b><br><b>Jacksonville, Florida 32208</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Dr. Anthony L. Speight*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 9, 2002 904-765-8700*  
 Date Daytime Phone #

CR2E037 (9/01)