

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003655

Entity Name: STUCKEY'S KIDS, INC.

FILED
Apr 25, 2003
Secretary of State

Current Principal Place of Business:

2248 MAXWELL AVE.
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

2248 MAXWELL AVE.
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 59-3726375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SHERYL Y
2248 MAXWELL AVE.
GROVELAND, FL 34736

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WILLIAMS, SHERYL Y
Address: 2248 MAXWELL AVE.
City-St-Zip: GROVELAND, FL 34736

Title: VD () Delete
Name: WALKER, JO HELEN
Address: 2023 STATE RD. 50
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: WILSON, DONNIE
Address: 15745 STUCKEY LOOP
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL Y. WILLIAMS

DIRE

04/25/2003

Electronic Signature of Signing Officer or Director

Date