2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004944

Entity Name: CHILDREN'S INTERNATIONAL SAFETY ORGANIZATION, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
3444 FOXHALL DRIVE HOLIDAY, FL 34691				
Current Mailing Address:		New Mailing Address	:	
3444 FOXHALL DRIVE HOLIDAY, FL 34691				
FEI Number: 30-0055946	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired()	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
PERENICH, TIMOTHY B 180 ALTERNATE 19 NORTH PALM HABOR, FL 34683		PERENICH, TIMOTHY B 3204 ALTERNATE 19 PALM HABOR, FL 34683		

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: TIMOTHY B. PERENICH		04/30/2002		
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	CONTRERAS, NICHOLE	Name:		
Address:	2692 ENTERPRISES RD E APT 1101	Address:		
City-St-Zip:	CLEARWATER, FL 33759	City-St-Zip:		
Title:	D () Delete	Title:	3444 FOXHALL DRIVE	
Name:	SMITH, SUSAN A	Name:		
Address:	3444 FOXHALL DRIVE	Address:		
City-St-Zip:	HOLIDAY, FL 34691	City-St-Zip:		
Title:	D () Delete	Title:	DP (X) Change () Addition	
Name:	SMITH, D SHANE	Name:	SMITH, D SHANE	
Address:	PO BOX 14004	Address:	PO BOX 14004	
City-St-Zip:	CLEARWATER, FL 337664004	City-St-Zip:	CLEARWATER, FL 337664004	
Title:	() Delete	Title:	DVPE () Change (X) Addition	
Name:		Name:	JAUNDOO, LORI	
Address:		Address:	16207 S. SOUTHERNSTONE DRIVE	
City-St-Zip:		City-St-Zip:	HOUSTON, TX 77095	

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:	D. SHANE SMITH	DP	04/30/2002
	Electronic Signature of Signing Officer or Director		Date