

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/9/

FILED
Feb 04, 2003 8:00 am
Secretary of State

01-09-2003 90010 010 ****70.00

DOCUMENT # N02000002132

1. Entity Name

KIDS INC. OF LAKE COUNTY



Principal Place of Business

949 CAMP AVE.
MOUNT DORA FL 32757

Mailing Address

PO BOX 34
MOUNT DORA FL 32756

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-310574

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STEVENS, SUZANNE R
1333 E. 3RD. AVE.
MOUNT DORA FL 32757

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW FREE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	P	DAY, LINDA	☐ Delete
NAME				
STREET ADDRESS			13955 SOUTHEAST 53RD. TERR	
CITY-ST-ZIP			SUMMERFIELD FL 34491	
TITLE	D	T	GILMORE, EDITH M	☐ Delete
NAME				
STREET ADDRESS			101 GRANT AVE	
CITY-ST-ZIP			MOUNT DORA FL 32757	
TITLE	D	S	PARROTT, LINDA	☐ Delete
NAME				
STREET ADDRESS			1604 ALAN DR	
CITY-ST-ZIP			EUSTIS FL 32726	
TITLE				☐ Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				☐ Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				☐ Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Ex Director	☐ Change ☒ Addition
NAME	Suzanne Stevens	
STREET ADDRESS	1333 E. 3rd Ave	
CITY-ST-ZIP	Mt. Dora, FL 32756	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Suzanne Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/03 352-735-3989

Daytime Phone #

CR2E037 (10/02)