2002 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2002 8:00 am **DOCUMENT # N08202 Secretary of State** KID'S WORLD, INC. 03-14-2002 90002 013 ****61.25 Mailing Address Principal Place of Business 11 BETH STACY BLVD 11 BETH STACY BLVD LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-1361115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BOWERS, BOB** COLONADO 204 NORTH 8TH AVE. LEHIGH ACRES FL 33936 8. The above named entity subplits this statement or the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE 🕏 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) TITLE **™** Change Addition TITLE Delete CARMAN, SALLY NAME NAME E037 24 LORELEI STREET STREET ADDRESS STREËT ADDRES CITY-ST-7IP CITY-ST-ZIP LEHIGH ACRES FL 33936 Change ☐ Addition TITLE TITLE CARMAN, SALLY NAME NAME 282 JUSTINE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP SD-☐ Addition Change TITLE Delete TITLE MCDOWELL, CHRISTINA NAME NAME **1519 HUNTDALE STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRAMBLE, LAURA NAME NAME STREET ADDRESS **6038 STRATTON RD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 ☐ Delete TITLE Change ☐ Addition TITLE KNIPPER, DENNIS NAME NAME 1516 HUNTDALE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL 33936 TITLE Delete Fider Cincli 1010 E. Porus Rd CHASE, CARRIE L NAME NAME 306 MORGAN CIR N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP lehigh Acres Fl CITY-ST-ZIP LEHIGH ACRES FL 33936 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

2. 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 eath; 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:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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941-369-222 Daytime Phone #