

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38629

1. Entity Name

KID-NEEDS, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91722 027 ****61.25

80120574



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7723 SW 13TH ROAD
 GAINESVILLE FL 32607

7723 SW 13TH ROAD
 GAINESVILLE FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3125933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOGAN, VERONICA C
 7723 SW 13TH ROAD
 GAINESVILLE FL 32607

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME LOGAN, VERONICA C ☐ Delete
 STREET ADDRESS 7723 SW 13TH RD.
 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD
 NAME LOGAN, GARY G ☐ Delete
 STREET ADDRESS 7723 SW 13TH RD.
 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD
 NAME LOGAN, NATHANIEL S ☐ Delete
 STREET ADDRESS 7723 SW 13TH RD.
 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T
 NAME LOGAN, TAMARA ANNE ☐ Delete
 STREET ADDRESS 7723 SW 13TH RD.
 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T
 NAME CRAWFORD, MATTIE ☐ Delete
 STREET ADDRESS 13208 SW CR 346
 CITY-ST-ZIP ARCHER FL 32618

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T
 NAME RIVERS, ROSE R RN PHD ☐ Delete
 STREET ADDRESS 1600 SW ARCHER RD
 CITY-ST-ZIP GAINESVILLE FL 32610-0335

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)