


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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90306 022 \*\*\*\*61.25

DOCUMENT # **N50407**

1. Entity Name  
**KIDS BEATING CANCER, INC.**



Principal Place of Business  
**615 E PRINCETON STREET  
540  
ORLANDO FL 32803**

Mailing Address  
**615 E PRINCETON STREET # 540  
ORLANDO FL 32803**

2. Principal Place of Business  
**4448 Edgewater Drive**

3. Mailing Address  
**615 E Princeton St  
400**

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

Zip  
**32804**

Country  
**Orange**

Zip  
**32803**

Country  
**Orange**

4. FEI Number **NOT APPLICABLE**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VOIGHT-GUEDES, MARGARET  
615 E. PRINCETON STREET #540  
ORLANDO FL 32803**

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 *Margaret Voight-Guedes* **01-10-03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE 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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SHEPPARD, CLIFFORD</b>	
STREET ADDRESS <b>221 N.E. WANHOE BLVD. STE., 205</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>DP</b>	<input type="checkbox"/> Delete
NAME <b>VOIGHT, MARGARET</b>	
STREET ADDRESS <b>1010 VIA MERANO CT</b>	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>GUEDES, BEN M</b>	
STREET ADDRESS <b>615 E. PRINCETON STREET, SUITE 540</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>STOUT, MARILYN</b>	
STREET ADDRESS <b>1400 S. ORLANDO AVE., #103</b>	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Margaret Voight-Guedes* **01-10-03**

CR2E037 (10/02)