

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90065 044 \*\*\*\*70.00

**DOCUMENT # N93000004837**

1. Entity Name

**KIDSPEED, INC.**

Principal Place of Business

P O BOX 290956  
 TEMPLE TERRACE FL 33617  
 US

Mailing Address

P O BOX 290956  
 TEMPLE TERRACE FL 33617  
 US

00027606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3186979**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**LAVELY, PAUL J**  
**1119 BRISTOLWOOD STREET**  
**BRANDON FL 33510-2606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

9. 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 **DT** ☒ Delete  
 NAME **CORREA, DIANA**  
 STREET ADDRESS **5912 STRATTON PARK DR.**  
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

TITLE **DS** ☐ Delete  
 NAME **TROISE, LEIDIA**  
 STREET ADDRESS **6827 BLUFFS BLVD.**  
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

TITLE **DP** ☐ Delete  
 NAME **LAVELY, PAUL**  
 STREET ADDRESS **1119 BRISTOLWOOD STREET**  
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☒ Change ☐ Addition  
 NAME **DP/DT LAVELY, PAUL**  
 STREET ADDRESS **1119 BRISTOLWOOD STREET**  
 CITY-ST-ZIP **BRANDON, FL 33510**

TITLE **DV** ☐ Delete  
 NAME **MOORE, JACK**  
 STREET ADDRESS **221 W. THOMAS ST.**  
 CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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: *Paul J. Lavelly* **REPAQU! LAVELY D.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-17-01 913-661-6549**

Date

Daytime Phone #

CR2E037 (10/00)