

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003345

1. Entity Name

KIDS IN DESPERATE SITUATIONS, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90574 040 *****70.00

0057288

Principal Place of Business

Mailing Address

4116 FORBES ROAD
PLANT CITY FL 33565

4116 FORBES ROAD
PLANT CITY FL 33565

020201

2. Principal Place of Business

3. Mailing Address

412 Key Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANFORD, N. C.

4. FEI Number

59-3387175

Applied For

Not Applicable

Zip

Country

Zip

Country

27330

USA

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

Name

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

City

FL

Zip Code

JUDAH, PAMELA
4116 NORTH FORBES ROAD
PLANT CITY FL 33565

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:
FEES 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 JUDAH, PAMELA
STREET ADDRESS 4116 N. FORBES ROAD
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

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

TITLE SD
NAME JUDAH, ROBERT L
STREET ADDRESS 4116 N. FORBES ROAD
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

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

TITLE TD
NAME OWENS, ROBERT W
STREET ADDRESS 5707 ORIENT ROAD
CITY-ST-ZIP TAMPA FL 33610 ☒ Delete

TITLE TD
NAME CHRISTY WALL
STREET ADDRESS 622 LONG LEAF CT.
CITY-ST-ZIP WAKE FOREST, N.C. 27587 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED Pamela Judah 2/5/2001 813 4938685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)