

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90019 018 \*\*\*\*61.25

**DOCUMENT # N95000001797**

1. Entity Name

**TALLAHASSEE K.I.D.S., INC.**

Principal Place of Business

**2715 JENKS AVENUE  
 PANAMA CITY FL 32405  
 US**

Mailing Address

**2715 JENKS AVENUE  
 PANAMA CITY FL 32405  
 US**

2. Principal Place of Business

**7813 No Lagoon DR.**

3. Mailing Address

**7813 No Lagoon DR.**

Suite, Apt. #, etc.

**# 3-B**

Suite, Apt. #, etc.

**# 3-B**

City & State

**Panama City Beach, FL**

City & State

**Panama City Beach, FL**

4. FEI Number

**59-3309059**

Applied For

Not Applicable

Zip

**32408**

Country

**USA**

Zip

**32408**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MCPETERS, TIMOTHY E.  
 2715 JENKS AVE  
 PANAMA CITY FL 32405**

Name

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

**7813 No. Lagoon DR # 3-B  
 Panama City Beach FL 32408**

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

*Timothy E. McPeters*

**Timothy E. McPeters 4/15/02**

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

TITLE **PD** ☐ Delete  
 NAME **GOLDSMITH, MERELYN**  
 STREET ADDRESS **1112 CLEARWATER RD.**  
 CITY-ST-ZIP **DAYTONA BCH. FL**

TITLE **TD** ☐ Delete  
 NAME **MCPETERS, TIMOTHY**  
 STREET ADDRESS **7813 NO. LAGOON DR. # 3-B**  
 CITY-ST-ZIP **PANAMA CITY BCH. FL**

TITLE **SD** ☐ Delete  
 NAME **GOLDSMITH, ROBERT**  
 STREET ADDRESS **1112 CLEARWATER RD.**  
 CITY-ST-ZIP **DAYTONA BCH. FL 32114**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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 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 persons empowered.

SIGNATURE:

*Timothy E. McPeters*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Timothy E. McPeters**

**4/15/02**

Date

Daytime Phone #

**850-234-7648**

CR2E037 (9/01)