

**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

Mailing Address

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

**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

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>GOLDSMITH, MERELYN</b>	
STREET ADDRESS	<b>1112 CLEARWATER RD.</b>	
CITY-ST-ZIP	<b>DAYTONA BCH. FL</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>MCPETERS, TIMOTHY</b>	
STREET ADDRESS	<b>7813 NO. LAGOON DR. # 3-B</b>	
CITY-ST-ZIP	<b>PANAMA CITY BCH. FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>GOLDSMITH, ROBERT</b>	
STREET ADDRESS	<b>1112 CLEARWATER RD.</b>	
CITY-ST-ZIP	<b>DAYTONA BCH. FL 32114</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I am empowered.

SIGNATURE:

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

**Timothy E. McPeters**

**4/15/02**

**850-234-7648**  
 Daytime Phone #

CR2E037 (9/01)