## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 22, 2002 8:00 am Secretary of State DOCUMENT # N9600000956 CALHOUN STREET DOWNTOWN BABIES, INC. 05-22-2002 90074 038 \*\*\*\*61.25 Principal Place of Business Mailing Address 303 E. JEFFERSON ST. 303 E. JEFFERSON ST. TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 Daradata 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3392017 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAUGHTON, MAUREEN M Street Address (P.O. Box Number is Not Acceptable) NABORS, GIBLIN & NICKERSON, P.A. 315 S. CALHOUN STREET, SUITE 800 TALLAHASSEE FL 32301 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) Secretary Kelly O'Neal TY Addition TITLE ☐ Delete TITLE DOUGHTY, TOM NAME NAME 8087 EVENCY STAR LA STREET ADDRESS STREET ADDRESS 49 Rosewood Crawfordville ITALLAHASSEE FL 32312 CITY-ST-ZIP CITY-ST-ZIP 32327 FL STD Member Addition ☐ Delete ☐ Change Nabors, Robert L Virginia Delegal NAME 4859 Highgrove Rd. Tall, Fr 32308 4504 ROCKBRIDGE HOLLOW STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP ڪٽِ ۽ خڪ گھڪ مين جي ڪ Hayden Demp sey (Member) @ Change - WAddition Delete TITLE LEIKAUF, NANCY NAME NAME 2020 Golf Tenace 315 S. CALHOUN STREET #712 STREET ADDRESS STREET ADDRESS Tall, FL 32301 TALLAHASSEE FL 32301 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition DAUGHTON, JIM NAME NAME 315 S. CALHOUN ST., #600 STREET ADORESS STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-718 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ward. Barry NAME NAME 3107 CAMELLIAWOOD CIR W STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HULSE, DAVID NAME NAME 12567 N MERIDIAN STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP 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:

4/30/02