

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90234 009 ***150.00

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80103835

DOCUMENT # N96000003766			
1. Entity Name PRECIOUS KIDZ AND ME, INC.			
Principal Place of Business 401 NE 39 ST. POMPANO BEACH, FL 33064		Mailing Address 401 NE 39 ST. POMPANO BEACH, FL 33064	
2. Principal Place of Business <i>401 NE 39 ST</i> Suite, Apt. #, etc.		3. Mailing Address <i>Same</i> Suite, Apt. #, etc.	
City & State <i>Pompano Bch</i>		City & State	
Zip <i>33064</i>	Country <i>Broward</i>	Zip	Country
4. FEI Number 65-0721157		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHEPPARD, CYNTHIA 401 NE 39 STREET POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Cynthia Sheppard</i> DATE <i>4/28/03</i> Signature (typed or printed name of registered agent and date) (NOTE: Registered Agent Signature required when terminating)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPPARD, CYNTHIA 401 NE 39 ST. POMPANO BEACH, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHEPPARD, CARSTEN 1749 NW 80 AVE MARGATE, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRAYTON, CHERRIE 11233 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33077 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIGGINS, KIM 6682 HARBOR BEND MARGATE, FL 33063 ☐ 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 another like empowered.			
SIGNATURE: <i>Cynthia Sheppard</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>4/28/03</i> Signature Page 4	

CR2EC07 (10/02)