DOCUMENT # N9800004760 1. Entity Name SPECIALKIDS RESOURCE CENTER, INC.					Secretary of State 03-21-2001 90015 038 ****70.00				
Principal Place	e of Business	Mailing Address	<u> </u>	<u> </u>					
6319 CHAUNC TAMPA FL 336		6319 CHAUNCY ST TAMPA FL 33647							
						<u> </u>			
2. Principal Place of Business 3. Mailing Address 14018 N. Boulevard 2111 Ellicott			Drive	·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State - Tampa, FL		City & State Tallahassee, F	City & State Tallahassee, FL		4. FEI Number 59-3532823 Applied For Not Applicable				
Zip 33613	Country USA	Zip 32312	Country USA	<u></u>	5. Certificate	of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Curre	ent Registered Agent			7. Name and	Address of New Registere	d Agent		
MESSINA, JAMES J					ne ntrastate Registered Agent Corp. eet Address (P.O. Box Number is Not Acceptable)				
6319 CHA TAMPA FL			701 Brich			kell Ave., 28th Floor FL Zip Code 33131			
SIGNATURE	FILE NOW: FEE IS \$61.25	9. Election Campaigr	: Registered Age	ent signature required			k Payable to	6/	
10.	OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTORS IN	110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEPP, VICTORIA 6319 CHAUNCY ST TAMPA FL 33647	☐ Delete	TITLE NAME STREET AL	DRESS 211	p, Victor 1 Ellicot		⅓ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D MESSINA, CONSTANCE	Delete	TITLE NAME STREET AL CITY-ST-	D Zep 211	p, Randol 1 Ellicot	ph t Drive	☐ Change	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSINA, JAMES 6319 CHAUNCY ST TAMPA FL 33647	1 Delete	TITLE NAME STREET AC	D/S Boa 375	s, Beverl O Gunn Hi	ghway, Suite 1 <i>1</i>	☐ Change	☆ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOWN TO LE VOUT!	☐ Delete	TITLE NAME STREET AL CITY-ST-	D/V Boa DORESS 100	pa, FL 33 s. Willia S. Ashle pa, FL 33	m y,DSuite 1400	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ACCOUNTY-ST-2	D Sno ODRESS 306	wden, Wil 3 Tech Dr	liam	☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET AD	D		nia. #375	☐ Change	Addition	

Tampa, FL 33607 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.

CiTY-ST-ZIP

SPANDIE REQUIRED

TO THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

CITY-ST-ZIP

Victoria Zepp (850) 386-5790

Daytime Phone #

A198000004760

ADDENDLUM TO 2001 FLORIDA UNIFORM BUISNESS REPORT DOCUMENT #N98000004760

Continuation of Box 11
Additions to Officers and Directors:

<u>Title</u>	<u>Name</u>	<u>Address</u>	City/State/Zip
D	Girard, Patti	14018 N. Boulevard	Tampa, FL 33613
D	Green ę Tara √g	5010 W. Homer St.	Tampa, FL 33629