

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90008 007 \*\*\*\*61.25

**DOCUMENT # N98000006695**

1. Entity Name  
**A.ONE KIDS, INC.**

Principal Place of Business Mailing Address  
~~6600 GEORGIA AVE., STE. 4~~ 7957 S. LAKE DR.  
~~WEST PALM BEACH FL 33405~~ LAKE CLARK SHORES FL 33406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7957 S. Lake Dr.**  
 Suite, Apt. #, etc.  
 City & State  
**Lake Clark Shores**  
 Zip Country  
**33406**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 4. FEI Number **65-0860465** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RICHARDSON, KEVIN F**  
**1551 FORUM PLACE, STE. 300-F**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
 Name  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <input type="checkbox"/> Delete <b>MOORE, CHARLES C</b> <del>6600 GEORGIA AVE., STE. 4</del> <del>WEST PALM BEACH FL 33405</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <input type="checkbox"/> Delete <b>MOORE, PETER</b> <del>6600 GEORGIA AVE., STE. 4</del> <del>WEST PALM BEACH FL 33405</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MOORE, TIM</b> <del>6600 GEORGIA AVE., STE. 4</del> <del>WEST PALM BEACH FL 33405</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7957 S. Lake Dr.</b> <b>Lake Clark Shores, FL 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7957 S. Lake Drive</b> <b>Lake Clark Shores, FL 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7957 S. Lake Drive</b> <b>Lake Clark Shores, FL 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 7-12-00 561 588-1174  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)