

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90001 010 ****61.25

DOCUMENT # N99000003215

1. Entity Name

KIDZ R US FOUNDATION, INC.

Principal Place of Business

**365 JOG ROAD
W. PALM BEACH FL 33436**

Mailing Address

**365 JOG ROAD
W. PALM BEACH FL 33436**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0919877**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COLMAN, SHELBY
365 JOG ROAD
W. PALM BEACH FL 33436**

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHIPMAN, FREDERICK	
STREET ADDRESS	1714 BANYAN CREEK COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FENLASON, JOHN D	
STREET ADDRESS	10670 RUSH FORK ROAD	
CITY-ST-ZIP	CLYDE NC 28721	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHIPMAN, DEBORAH E	
STREET ADDRESS	1714 BANYAN CREEK COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAMPANY, ED	
STREET ADDRESS	1170 HATTERAS CIRCLE	
CITY-ST-ZIP	GREENACRES CITY FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, MARK	
STREET ADDRESS	1464 BREAKERS WEST BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOCK, CURTIS	
STREET ADDRESS	5330 MENDOZA STREET	
CITY-ST-ZIP	W. PALM BEACH FL 33415	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shelby Colman	
STREET ADDRESS	1408 Sailboat Circle	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Ken Smith	
STREET ADDRESS	5250 N. Ocean #4N	
CITY-ST-ZIP	Singer Island, FL 33404	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Matos	
STREET ADDRESS	7414 Greenville Circle, IW, FL	
CITY-ST-ZIP	33467	
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
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3-402

Date Daytime Phone #

CR2E037 (9/01)