#### FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 08, 2000 8:00 am Secretary of State DOCUMENT # N99000004861 05-08-2000 90210 010 \*\*\*\*61.25 CITY KIDS ART FACTORY, INC. Principal Place of Business Mailing Address 1785 EDGEWOOD AVE. 1785 EDGEWOOD AVE. A0056824 JACKSONVILLE FL 32205 JACKSONVILLE FL 32205-8443 2. Principal Place of Business 3. Mailing Address 4873 Jaybird aich 4873 Jan vel Circle . N Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59- 3638295 Jacksmuille Not Applicable \$8.75 Additional 5. Certificate of Status Desired Duval 32257 Duval **3 2257** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gregon Ovens Street Address (P.O. Box Number is Not Acceptable) WYNN, DANIEL R 1785 EDGEWOOD AVE JACKSONVILLE FL 32205 Zip Code 32-25 とらめいひょり 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. 4-27-00 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D/P X Addition TITLE Delete TITLE 8adler, Kaven wynn, donald r NAME NAME 1873 Hickory Lane STREET ADDRESS 1785 EDGEWOOD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ろみる33 Jacksonville FL 32205 ☐ Change M Addition 🔊 Derete TITLE TITLE Faylor-Scales Madeline NAME OWENS, JANET G NAME 125 Glen langle Court STREET ADDRESS STREET ADDRESS 4873 JAYBIRD CIRCLE, N. CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville FL 32257</u> D/C ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME OWENS, GREGORY NAME STREET ADDRESS STREET ADDRESS 4873 JAYBIRD CIRCLE.N. CITY-ST-78 CITY-ST-ZIP Jacksonville FL 32257 ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

CITY-ST-ZIP

4-27-00

904) 443-0150

Daytime Phone

(66/6)

#N990000 4861 A0056824

# 2000 UNIFORM BUSINESS REPOPRT-OFFICERS & DIRECTORS:

# CITY KIDS ART FACTORY. INC.

## Director/P

Wynn, Daniel R 1785 Edgewood Avenue, S Jacksonville, FL 32205

### Director/C

Owens, Gregory 4873 Jaybird Circle, N Jacksonville, FL 32257

### Director/VP/T

Karen Sadler 1873 Hickory Lane Atlantic Beach, FL 32233

## Director/S

Taylor-Scales, Madeline 125 Glen Eagle Court Ponte Vedra, FL 32082