

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006473

1. Entity Name

BOOK SOURCE 4 KIDS, INC.

**FILED**  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91500 046 \*\*\*\*70.00

Principal Place of Business

Mailing Address

6915 BLOWING ROCK LANE  
JACKSONVILLE FL 32222

P. O. BOX 2403  
JACKSONVILLE FL 32203

2. Principal Place of Business

3. Mailing Address

10511 Otter Creek Dr.  
Suite, Apt. #, etc.

P.O. Box 2403  
Suite, Apt. #, etc.

JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

City & State  
FLORIDA

4. FEI Number

59-3608843

Applied For

Not Applicable

Zip  
32222

Country  
USA

Zip  
32203-2403

Country  
USA

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSES, BURLEAN

6915 BLOWING ROCK LANE  
JACKSONVILLE FL 32222

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME MOSES, BURLEAN S  
STREET ADDRESS 6915 BLOWING ROCK LANE  
CITY-ST-ZIP JACKSONVILLE FL 32222

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME MOSES, DANIEL  
STREET ADDRESS 6915 BLOWING ROCK LANE  
CITY-ST-ZIP JACKSONVILLE FL 32222

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME ALFORD, PAMELA  
STREET ADDRESS 1024 TERRY TOWN LANE  
CITY-ST-ZIP WEST COLUMBIA SC 29170

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HEYWARD, ROWLAND  
STREET ADDRESS 2549 TERRACE TRAIL  
CITY-ST-ZIP DECATUR GA 30035

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME TETLIS, HAROLD FATHER  
STREET ADDRESS PO BOX 1607  
CITY-ST-ZIP ALIC TX 78333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

May 1, 2002

Date

Daytime Phone #

CR2E037 (9/01)