

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

0065454

DOCUMENT # N99000006473

1. Entity Name

BOOK SOURCE 4 KIDS, INC.



04-09-2003 90104 002 ****70.00

Principal Place of Business

**10511 OTTER CREEK DR
JACKSONVILLE FL 32222**

Mailing Address

**P. O. BOX 2403
JACKSONVILLE FL 32203-2403**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3608843**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MOSES, BURLEAN
10511 OTTER CREEK DR
JACKSONVILLE FL 32222**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Burlean Moses

4-5-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOSES, BURLEAN S	
STREET ADDRESS	6915 BLOWING ROCK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32222	> change of address
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOSES, DANIEL	
STREET ADDRESS	6915 BLOWING ROCK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32222	> change of address
TITLE	D	<input type="checkbox"/> Delete
NAME	ALFORD, PAMELA	
STREET ADDRESS	1024 TERRY TOWN LANE	
CITY-ST-ZIP	WEST COLUMBIA SC 29170	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEYWARD, ROWLAND	
STREET ADDRESS	2549 TERRACE TRAIL	
CITY-ST-ZIP	DECATUR GA 30035	
TITLE	D	<input type="checkbox"/> Delete
NAME	TETUS, HAROLD FATHER	
STREET ADDRESS	PO BOX 1607	
CITY-ST-ZIP	ALICE TX 78333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moses, Burlean	
STREET ADDRESS	10511 Otter Creek Dr.	(Address)
CITY-ST-ZIP	Jacksonville FL 32222	(change)
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moses, Daniel	
STREET ADDRESS	10511 Otter Creek Dr.	
CITY-ST-ZIP	Jacksonville, FL 32222	
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 REQUIRED *Burlean Moses* **4-5-03 (904) 777-8179**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)