

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006603

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

**Entity Name:** CENTRAL FLORIDA KIDS II CORPORATION

**Current Principal Place of Business:**

P.O. BOX 814  
WILLISTON, FL 34696

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 814  
WILLISTON, FL 34696

**New Mailing Address:**

**FEI Number:** 31-1760380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEST, CHRIS  
RT 2 BOX 350  
WILLISTON, FL 34696 US

**Name and Address of New Registered Agent:**

WEST, P  
RT 2 BOX 350  
WILLISTON, FL 34696 US

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: P WEST

04/30/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEST, PAULA  
Address: P.O. BOX 814  
City-St-Zip: WILLISTON, FL 34696

Title: D ( ) Delete  
Name: PERERA, CHRIS  
Address: P.O. BOX 814  
City-St-Zip: WILLISTON, FL 34696

Title: D ( ) Delete  
Name: FOVALSKI, NINA  
Address: P.O. BOX 814  
City-St-Zip: WILLISTON, FL 34696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TERERA, CHRIS  
Address: P.O. BOX 814  
City-St-Zip: WILLISTON, FL 34696

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P WEST

D

04/30/2002

Electronic Signature of Signing Officer or Director

Date