2002 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2002 8:00 am g Secretary of State DOCUMENT # P0000001489 1. Entity Name 04-03-2002 90496 047 ***150 KIDS EDVENTURES, INC. Principal Place of Business Mailing Address 3704 TIGER POINT BLVD. 3704 TIGER POINT BLVD. GULF BREEZE FL 32561 **GULF BREEZE FL 32561** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3613431 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required- ~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN, BETTY JO Street Address (P.O. Box Number is Not Acceptable) 3704 TIGER POINT BLVD. **GULF BREEZE FL 32561** City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition JO MORGAN, BETTY NAME NAME STREET ADDRESS 3704 TIGER POINT BLVD. STREET ADDRESS CITY-ST-ZIP **GULF BREEZE FL 32561** CITY-ST-ZIP TITLE Change Delete TITLE. VPT ☐ Addition NAME NAME 7575 Vonnie Tolbert Road Navarre, FL 32566 RUSHING, REBECCA R STREET ADDRESS STREET ADDRESS 1447 ARKANSAS ST., #1 CITY-ST-ZIP CITY-ST-ZIP NAVARRE BEACH FL 32566 TITLÉ ☐ Delete TITLE Change ☐ Addition NAME 7575 Vonnie Tolbert Road Rushing, III, Lester E NAME STREET ADDRESS STREET ADDRESS 1447 ARKANSAS ST., #1 Navarre, FL 32566 CITY-ST-ZIP NAVARRE BEACH FL 32566 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

tert Kushin All **SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF

changed, or on an attachment with an address, with all other like empowered.