

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90119 022 ***150.00

DOCUMENT # P00000008947

1. Entity Name

~~ALLSOURCE CORPORATION~~

Kidzgrow, Inc.

Principal Place of Business

626 SAND RIDGE DRIVE
VALRICO FL 33594

Mailing Address

P.O. BOX 843
SEFFNER FL 33583

2. Principal Place of Business

P.O. Box 1013
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1013
Suite, Apt. #, etc.

City & State

Valrico, FL

City & State

Valrico, FL

4. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

Zip

33595

Country

US

Zip

33545

Country

US

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

BROADNAX, MERIA
626 SAND RIDGE DRIVE
SEFFNER FL 33594

Name

Meria Broadnax

Street Address (P.O. Box Number is Not Acceptable)

1463 Lakeshore ranch Drive

City

Seffner

FL

Zip Code
33584

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

Meria Broadnax - President

4/23/01

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
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	BROADNAX, MERIA	
STREET ADDRESS	626 SAND RIDGE DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BROADNAX, CHRISTOPHER J.	
STREET ADDRESS	626 SAND RIDGE DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	SHEPPARD, SHANNON	
STREET ADDRESS	626 SAND RIDGE DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CULMER, SABRINA	
STREET ADDRESS	626 SAND RIDGE DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meria Broadnax	
STREET ADDRESS	P.O. Box 1013	
CITY-ST-ZIP	Valrico, FL 33595	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Broadnax	
STREET ADDRESS	P.O. Box 1013	
CITY-ST-ZIP	Valrico, FL 33595	
TITLE	AVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Verona Green	
STREET ADDRESS	P.O. Box 1013	
CITY-ST-ZIP	Valrico, FL 33595	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erica Curry	
STREET ADDRESS	P.O. Box 1013	
CITY-ST-ZIP	Valrico, FL 33595	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Meria Broadnax - President 4/23/01 (813) 643-1663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)