

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031947

1. Entity Name
MY KIDS ATM, INC.

Principal Place of Business
5308 CENTRAL AVE
ST PETERSBURG FL 33707

Mailing Address
5308 CENTRAL AVE
ST PETERSBURG FL 33707

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

159-3634318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAJEK, MICHAEL W III
5308 CENTRAL AVE
ST PETERSBURG FL 33707

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.

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 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Michael Hajek III
8262 25th Ave N
St. Petersburg FL 33710

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Matthew Hajek
8262 25th Ave N
St. Petersburg FL 33710

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secy/Treas.
Karen Hajek
8262 25th Ave N
St. Petersburg FL 33710

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Karen Hajek Guardian Michael Hajek

Date

2/12/01

Daytime Phone #

727-327-1239

CR2E034 (10/00)

0359988

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90152 038 ***150.00



DO NOT WRITE IN THIS SPACE