

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033223

1. Entity Name

KIDDIE KUSHION, INC.

Principal Place of Business

Mailing Address

16592 Wellington Lakes Circle
Fort Myers, FL 33908

SAME

2. Principal Place of Business

16592 Wellington Lakes Cir.

3. Mailing Address

16592 Wellington Lakes Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers Florida

City & State

Fort Myers FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number

65-1008232

Applied For

Not Applicable

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

GADALETA, ANGELO M.
16592 Wellington Lakes Circle
FT. Myers FL 33908

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

ANGELO M. GADALETA

(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
ANGELO M. GADALETA
16592 Wellington Lakes Circle
Fort Myers, FL 33908

☐ Delete

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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

ANGELO M. GADALETA 4/30/2001 941-657-5213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90036 001 ***150.00

658700

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)