

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90710 006 ***150.00

DOCUMENT # P00000034769



1. Entity Name
KID'S STOP CONSIGNMENT, INC.

Principal Place of Business
380 SEMORAN COMMERCE CENTER STE 105
APOPKA FL 32703

Mailing Address
380 SEMORAN COMMERCE CENTER STE 105
APOPKA FL 32703



2. Principal Place of Business
380 SEMORAN COMMERCE PL

3. Mailing Address
~~SAME~~ 380 SEMORAN COMM PL.

Suite, Apt. #, etc.
STE #A108

Suite, Apt. #, etc.
STE #A108

City & State
APOPKA FL

City & State
APOPKA FL

Zip
32703

Country
ORANGE

Zip
32703

Country
ORANGE

4. FEI Number **59-3637252**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PERKINS, KRISTIE I
380 SEMORAN COMMERCE CENTER STE 105
APOPKA FL 32703

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D PERKINS, KRISTIE I**
STREET ADDRESS **4747 VIRGINIA ST**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete
NAME **D STEPHENS, PHYLLIS L**
STREET ADDRESS **4761 FLORENCE ST**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PHYLLIS L STEPHENS

1-8-03

Date

Daytime Phone #

407 464 0496

CR2E034 (10/02)