

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90447 009 ***150.00

DOCUMENT # P00000039718

1. Entity Name
ALL KIDS THERAPY, INC.



Principal Place of Business
**1406 SW 11TH ST.
CAPE CORAL FL 33991**

Mailing Address
**1406 SW 11TH ST.
CAPE CORAL FL 33991**

2. Principal Place of Business

14531 Sherbrook Place

3. Mailing Address

14531 Sherbrook Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

104

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip

Country

Zip

Country

33912

US

33912

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1004927**

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

**HUDDESTON, BRUCE A
1406 SW 11TH STREET
CAPE CORAL FL 33991**

Name

Huddleston, Bruce A.

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

14531 Sherbrook Place # 104

City

Fort Myers

FL

Zip Code

33912

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 **Bruce A. Huddleston**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 14, '03

**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 **PSD** ☒ Delete
NAME **HUDDESTON, BRUCE A.**
STREET ADDRESS **15064 IONA LAKES DR**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **PSD** ☒ Change ☐ Addition
NAME **Huddleston, Bruce A.**
STREET ADDRESS **14531 Sherbrook Place # 104**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Delete
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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:

BRUCE A. HUDDLESTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/03 (239) 246-1494

CR2E034 (10/02)