

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90021 025 ***150.00

DOCUMENT # P00000076091

1. Entity Name

TOUCH & EXPLORE KID'S STORE, INC.

Principal Place of Business

**4300 WEST HIGHWAY 90 #2
 LAKE CITY FL 32055**

Mailing Address

**4300 WEST HIGHWAY 90 #2
 LAKE CITY FL 32055**

2. Principal Place of Business

2494 West US Hwy 90 Suite 110

3. Mailing Address

2494 West US Hwy 90 Suite 110

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Lake City FL

City & State

Lake City FL

Zip

32055

Country

USA

Zip

32055

Country

USA

4. FEI Number

59-3665367

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SCHLUMBERGER, JILL E
 4300 WEST HIGHWAY 90 #2
 LAKE CITY FL 32055**

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

Jill Schlumpberger
 (NOTE: Registered Agent signature required when reinstating)

4-22-02
 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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	SCHLUMBERGER, JILL E	
STREET ADDRESS	4300 WEST HIGHWAY 90 #2	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	SCHLUMBERGER, MICHAEL X	
STREET ADDRESS	4300 WEST HIGHWAY 90 #2	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schlumpberger, JILL E	
STREET ADDRESS	2494 West US Hwy 90 suite 110	
CITY-ST-ZIP	Lake city FL 32055	
TITLE	DVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schlumpberger, Michael X	
STREET ADDRESS	2494 West US Hwy 90 suite 110	
CITY-ST-ZIP	Lake city FL 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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 Jill Schlumpberger 4-22-02 386-752-7744
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)