

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-29-2001 90098 045 ***150.00

DOCUMENT # P0000097925

1. Entity Name
ESSENTIAL KIDS INC.

Principal Place of Business
**2591 NE 55TH COURT, #206
 FT. LAUDERDALE FL 33308**

Mailing Address
**2591 NE 55TH COURT, #206
 FT. LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

921 SE 20th St #206

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT Lauderdale, FL

4. FEI Number

Applied For

Not Applicable

Zip **33316**

Country **USA**

Zip

Country

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

**WHEBLE, ANNERLEY
 2591 NE 55TH COURT, #206
 FT. LAUDERDALE FL 33308**

Name **ANNERLEY WHEBLE**
 Street Address (P.O. Box Number is Not Acceptable)
2591 NE 55th CRT # 206
 City **FT LAUDERDALE FL** Zip Code **33308**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------------|------------------------------|---------------------------------|---------------------------------|
| | ANNERLEY WHEBLE | 2591 NE 55th CRT #206 | FT LAUDERDALE, FL, 33308 | <input type="checkbox"/> |
| | OWNER/OFFICER | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 1/17/01

CFR2034 (10/00)