

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 # P00000097925

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

2. Principal Place of Business

921 SE 20th St #206

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D27

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33316

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
ANNERLEY WHEBLE ☐ Delete
2591 NE 55TH CRT #206
FT. LAUDERDALE, FL, 33308

TITLE NAME STREET ADDRESS CITY-ST-ZIP
OWNER/OFFICER ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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:

[Signature]

1/17/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)