

9/14/01-90010-031-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099410

1. Entity Name

ABC 4 KIDS, INC.

Principal Place of Business

2411 SOUTH HIGHWAY 77
LYNN HAVEN FL 32444

Mailing Address

2411 SOUTH HIGHWAY 77
LYNN HAVEN FL 32444

2. Principal Place of Business

103 W. 23RD ST
Suite, Apt. #, etc.
E-7

3. Mailing Address

103 W. 23RD ST.
Suite, Apt. #, etc.
E-7

City & State

Panama City, FL

Zip

32405

Country

USA

City & State

Panama City, FL

Zip

32405

Country

USA

4. FEI Number

59-3678050

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reappointing)

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
PSTD
KLUG, LISA K
2411 SOUTH HIGHWAY 77
LYNN HAVEN FL 32444 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KLUG, GEORGE W
2411 SOUTH HIGHWAY 77
LYNN HAVEN FL 32444 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
103 W. 23RD ST. Suite E-7
Panama City, FL 32405 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
103 W. 23RD ST. Suite E-7
Panama City, FL 32405 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE
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

Lisa K. Klug Lisa K. Klug

9-10-01

850-215-2221

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01-SEP-25 AM 9:51

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

0403340

CR2E034 (10/00)