

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90185 036 \*\*\*150.00

**DOCUMENT # P01000018180**

**1. Entity Name**  
**MAYFAIR CORP.**

**Principal Place of Business**  
**C/O MILLICENT DAVIDSON**  
**2061 KING TARPON DR**  
**PUNTA GORDA FL 33955**

**Mailing Address**  
**C/O MILLICENT DAVIDSON**  
**2061 KING TARPON DR**  
**PUNTA GORDA FL 33955**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**360 Mohawk Road**

**3. Mailing Address**  
**360 Mohawk Road**

Suite, Apt. #, etc.  
**Co Kids R Kids**

Suite, Apt. #, etc.  
**Co Kids R Kids**

City & State  
**CLERMONT FL**

City & State  
**Clermont FL**

**4. FEI Number**  
**66-1077551**

Applied For  
 Not Applicable

Zip  
**34741**

Country  
**US**

Zip  
**34711**

Country  
**US**

**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**

**DAVIDSON, MILLICENT**  
**2061 KING TARPON DR**  
**PUTA GORDA FL 33955**

Name  
**BART SUTHERIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**360 Mohawk Road**  
 City  
**Clermont 1 FL** Zip Code  
**34711**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$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  
**DP**  
**SUTHERIN, BART A**  
**5 BAYBERRY LN**  
**MEDWAY MA 02053**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**17119 MAGNOLIA ISLAND BLVD**  
**CLERMONT FL 34711**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVST**  
**SUTHERIN, KATHRYN W**  
**5 BAYBERRY LN**  
**MEDWAY MA 02053**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**17119 MAGNOLIA ISLAND BLVD**  
**CLERMONT FL 34711**

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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TITLE  
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 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:** **KATHRYN SUTHERIN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/02** Daytime Phone # **(352) 343-4744**

CR2E034 (9/01)