

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90337 039 ***150.00

DOCUMENT # P01000031043

1. Entity Name
KIDZFIRST ADOPTIONS, INC.



Principal Place of Business
**351 W. ALFRED ST.
TAVARES FL 32778**

Mailing Address
**351 W. ALFRED ST.
TAVARES FL 32778**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3709272**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENTHAL, DIANE
3108 STONEBROOK DR
SANFORD FL 32773**

Name **Diane Rosenthal**
Street Address (P.O. Box Number is Not Acceptable)
3507 Laughlin Rd
City **Zellwood** FL Zip Code **32798**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ED** ☐ Delete
NAME **ROSENTHAL, DIANE**
STREET ADDRESS **3108 STONEBROOK DR.**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **ED** ☒ Change ☐ Addition
NAME **Diane Rosenthal**
STREET ADDRESS **3507 Laughlin Rd**
CITY-ST-ZIP **Zellwood FL 32798**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like approval.

SIGNATURE:

SIGNATURE REQUIRED DIANE ROSENTHAL

4/28/03

352-343-3711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)