

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000045228

1. Entity Name

A Tot's World II, Inc.

FILED

**May 02, 2002 8:00 am
Secretary of State**

05-02-2002 90105 002 ***158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3825 N. CR. 427

Suite, Apt. #, etc.

3. Mailing Address

3825 N. C.R. 427

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longwood FL

City & State

Longwood FL

Zip

Country

32750 USA

Zip

Country

32750 USA

4. FEI Number

59-3717869

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William Greenberg

Street Address (P.O. Box Number is Not Acceptable)

6500 S. Highway 17-92

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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)

☒

Entity Fee May 2002 \$150.00
Agent Fee \$150.00
Annual Fee \$150.00
Total Due \$450.00
Due Date: May 15, 2002

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
President
Cynthia Lynn Seda
720 Mendez Way
Longwood FL 32750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Phyllis McSwain
963 Highpoint Loop
Longwood FL 32750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia Lynn Seda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president

4-17-02

Date

407-328-7766

Daytime Phone #