

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 09, 2002 8:00 am
Secretary of State

05-16-2002 90003 017 ***150.00

DOCUMENT # P01000048592

1. Entity Name

KIDS DEVELOPMENT & LEARNING, CORP

Principal Place of Business

4651 SW 51ST STREET SUITE 806
DAVIE FL 33314

Mailing Address

4651 SW 51ST STREET SUITE 806
DAVIE FL 33314

2. Principal Place of Business

2870 E. OAKLAND PARK BLVD.
Suite, Apt. #, etc.

3. Mailing Address

2870 E. OAKLAND PARK BLVD.
Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip
33306Country
USA

City & State

FORT LAUDERDALE, FL

Zip
33306Country
USA

4. FEI Number

65-1104444

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BLOMQUIST, BRIAN

4651 SW 51ST STREET SUITE 806
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

JOHN F. MAITLAND

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

2870 E. OAKLAND PARK BLVD.

City

FORT LAUDERDALE

FL

Zip Code

33306

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	BLOMQUIST, BRIAN	4651 SW 51 ST STREET SUITE 806	DAVIE FL 33314	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MAITLAND, JOHN F.	2870 E. OAKLAND PARK BLVD.	FL LAUDERDALE, FL 33306	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	BRIAN BLOMQUIST	DAVIE		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ELEN GEATZ	Director		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	STEVEN HUBBELL	Director		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

38345

#P01000048592

June 12, 2002

KIDS DEVELOPMENT & LEARNING, CORP
4651 SW 51ST STREET SUITE 806
DAVIE, FL 33314

SUBJECT: KIDS DEVELOPMENT & LEARNING, CORP
Ref. Number: P01000048592

We have received your document for KIDS DEVELOPMENT & LEARNING, CORP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please list the title(s) of each officer in your document.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 802A00038472

Attachment



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

38345

May 22, 2002

KIDS DEVELOPMENT & LEARNING, CORP
2870 E. OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

Subject: KIDS DEVELOPMENT & LEARNING, CORP

Reference Number: P01000048592

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Provide the title(s) of each officer/director listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jn

ANNUAL REPORTS SECTION