

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91166 028 ***150.00

0378369 AV

DOCUMENT # P01000048968

1. Entity Name
BIZY-KIDS, INC.

Principal Place of Business
9146 CHATSWORTH CASCADES
BOCA RATON FL 33434

Mailing Address
9146 CHATSWORTH CASCADES
BOCA RATON FL 33434

2. Principal Place of Business
4446 MARINERS COVE DR

3. Mailing Address
4446 MARINERS COVE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

Zip
33467

Country
USA

Zip
33467

Country
USA

4. FEI Number
65-1108162

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOPEN, ANTON J ESQ
SMITH & HOPEN PA
15950 BAY VISTA DRIVE SUITE 220
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

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 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
PLOOF, DARCY L ☐ Delete
9146 CHATSWORTH CASCADES
BOCA RATON FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PLOOF, MATTHEW R ☐ Delete
9146 CHATSWORTH CASCADES
BOCA RATON FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY ☒ Change ☒ Addition
4446 MARINERS COVE DRIVE
WELLINGTON FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4446 MARINERS COVE DRIVE
WELLINGTON FL 33467

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

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

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

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
Date

561-9924027
Daytime Phone #

CR2E034 (9/01)