

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-07-2002 90031 032 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000053973**
 1. Entity Name
KINDERCO, INC.

Principal Place of Business Mailing Address
8340 CARLTON RD **8340 CARLTON RD**
PORT ST LUCIE FL 34987 **PORT ST LUCIE FL 34987**



DO NOT WRITE IN THIS SPACE

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 Applied For
65-0983654 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HERNDON, BIRAN C EA
2506 DELAWARE AVE
FT PIERCE FL 34947

7. Name and Address of New Registered Agent
 Name **HERNDON, BIRAN C EA**
 Street Address (P.O. Box Number is Not Acceptable)
8307 PENNY LANE
 City **FT PIERCE** FL Zip Code **34951**

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 _____ (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	Cheryl Kinder, President <input type="checkbox"/> Delete 9340 Carlton Rd. Port St. Lucie, FL 34987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Kern, Secretary <input type="checkbox"/> Delete 9340 Carlton Rd. Port St. Lucie, FL 34987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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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: **David Kern** **REDWIDETERN** Date **2/20/02** Daytime Phone # _____

CR2E034 (9/01) 3-9973