

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90232 007 \*\*\*150.00

**DOCUMENT # P01000059755**

1. Entity Name

**JUST FOR KIDS ACADEMY OF OCALA INC.**

Principal Place of Business

**1305 NE 1ST STREET  
 OCALA FL 34470**

Mailing Address

**1305 NE 1ST STREET  
 OCALA FL 34470**

2. Principal Place of Business

**1305 NE 1st Street**

Suite, Apt. #, etc.

3. Mailing Address

**1305 NE 1st Street**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**OCALA FL**

City & State

**OCALA FL**

4. FEI Number

**59-6273529**

Applied For

Not Applicable

Zip

**34470**

Country

**USA**

Zip

**34480**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ESKUCHEN, MARTHA S  
 14041 US HWY. #1, STE. B  
 JUNO BEACH FL 33408**

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

**D  
 BALLIE, ANJANIE  
 1305 NE 1ST STREET  
 OCALA FL 34470**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**President  
 Rutabha Abu-Hamoud  
 4991 SE 44th Ave Road  
 OCALA, FL 34480  
 President**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Soc  
 Reshma H. Ballie  
 20415 Nettleton St  
 OCALA, FL 34483  
 Secretary**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/02**

Date

**(352) 629-2516**

Daytime Phone #

CP2E004 (9/01)