

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90446 019 ***150.00

DOCUMENT # **PO10000061530** ✓

1. Entity Name

Kids in Motion Therapy Services INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4116 Bamboo Terr.

Suite, Apt. #, etc.

3. Mailing Address

4116 Bamboo Terr.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

Country

34210 M

34210

Country

4. FEI Number

05-1118547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Gina Perea

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

4116 Bamboo Terr.

City

Bradenton

FL

Zip Code

34210

**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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **President**
NAME **Gina Perea**
STREET ADDRESS **4116 Bamboo Terr**
CITY-ST-ZIP **Bradenton FL 34210**

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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: **Gina C Perea**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/02 (941) 7147409

CR2E034B (12/01)