

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

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

05-27-2002 90446 019 ***150.00

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DOCUMENT # P010000061530 ✓
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.

DO NOT WRITE IN THIS SPACE

City & State Bradenton FL
Zip 34210 Country M

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Zip 34210 Country

4. FEI Number 05-1118547

Applied For
Not Applicable

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

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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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	<u>President</u>
NAME	<u>Gina Perea</u>
STREET ADDRESS	<u>4116 Bamboo Terr</u>
CITY-ST-ZIP	<u>Bradenton FL 34210</u>
TITLE	
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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 04/20/02 Daytime Phone # (941) 7147409

CR2E034B (12/01)