

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90360 006 ***150.00

DOCUMENT # P02000019657

1. Entity Name
KIDS INTERNATIONAL TALENT CONVENTION, INC. ✓



Principal Place of Business
2505 ENTERPRISE RD. SUITE 7
CLEARWATER FL 33763

Mailing Address
2505 ENTERPRISE RD. SUITE 7
CLEARWATER FL 33763



2. Principal Place of Business
P.O. Box 5467

3. Mailing Address
P.O. Box 5467

Suite, Apt. #, etc.
Clearwater

Suite, Apt. #, etc.

City & State
Florida

City & State
Clearwater, FL

4. FEI Number
02-0553566

Applied For
Not Applicable

Zip
33758

County
Pinellas

Zip
33758

County
Pinellas

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, LUANNE
~~33001 CRYSTAL COURT EAST~~
~~PALM HARBOR FL 34685~~

Name
Street Address (P.O. Box Number is Not Acceptable)
309 No. Duncan Ave
City Clearwater FL Zip Code 33755

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Luanne Johnson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
YORK, A G III
P O BOX 5467
CLEARWATER FL 33758 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A.G. York III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)