

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 18 AM 10:22

DOCUMENT # <u>P02000110314</u>	
1. Entity Name	
KIDZ R 4 UZ INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6700 SILVER STAR RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ORLANDO, FL			
Zip	Country	Zip	Country
32818			

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number		Applied For
		68-0523125		Not Applicable
		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name		<u>Shamesia Warren</u>
		Street Address (P.O. Box Number is Not Acceptable)		
		<u>6700 Silver Star Rd.</u>		
		City	<u>ORLANDO</u>	Zip Code <u>32818</u>
			<u>FL</u>	

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

Shamesia Warren

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.	
TITLE	CEO	TITLE	
NAME	SHAMESICA WARREN	NAME	
STREET ADDRESS	6700 SILVER STAR RD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL. 32818	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

900040825679

03/03/04 01072 011 4400.75

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shames Warren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KIDZ R 4 UZ

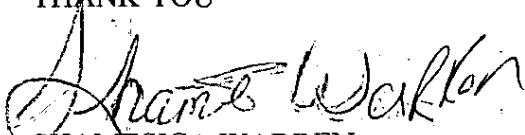
6700 Silver Star Road • Orlando, FL 32808 • (407) 296-9040 • Fax (407) 296-9070

TO WHOM IT MAY CONCERN:

I SHAMESICA WARREN THE OWNER OF "KIDZ R 4 UZ INC." DID NOT RECEIVE THE 2003
UNIFORM BUSINESS REPORT FOR MY BUSINESS. THIS IS THE REASON FOR ME
NOT PAYING MY BILL TO THIS ORGANIZATION ON TIME. BUT TO DAY I'M
WILLING AND READY TO HANDLE MY OUT STANDING BALANCE WITH YOUR
COMPANY, SO THAT I CAN REINSTATE MY CORPORATION AND THEN RESTORE
MY GOOD FAITH WITH THE DIVISION OF CORPORATIONS.

IF THERE ARE ANY QUESTIONS OR CONCERNS PLEASE FEEL FREE TO CALL.

THANK YOU


SHAMESICA WARREN