


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
May 05, 2003 8:00 am
Secretary of State


04-17-2003 90612 018 ***150.00

DOCUMENT # P02000115578	
1. Entity Name KIDSIGNMENT, INC.	

Principal Place of Business 1024 HWY A1A #152 STELLITE BEACH FL 32937	Mailing Address 1024 HWY A1A #152 STELLITE BEACH FL 32937
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06-10



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 261635634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YOUNGKIN, MARY B 1024 HWY A1A #152 STELLITE BEACH FL 32937	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reappointing) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGKIN, MARY B 1024 HWY A1A #152 STELLITE BEACH FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary B Youngkin* **April 12, 2003** 321-777-5999

SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED34 (10/02)