

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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90224 024 ***150.00

DOCUMENT # P3000023625	
1. Entity Name	
3-CHILDREN, INC	

DO NOT WRITE IN THIS SPACE

24070170

2. Principal Place of Business 5001 SW 20TH ST Suite, Apt. #, etc. APT 3606 City & State OCALA, FL Zip 34470		3. Mailing Address 5001 SW 20TH ST Suite, Apt. #, etc. APT 3606 City & State OCALA, FL Zip 34470		Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2081963	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MICHAEL A ADAMS	
Street Address (P.O. Box Number is Not Acceptable) 5001 SW 20TH ST APT 3606	
City OCALA	Zip Code FL 34470

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

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SHIYANN W ADAMS 5001 SW 20TH ST APT 3606 OCALA FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL A ADAMS 5001 SW 20TH ST APT 3606 OCALA FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BRENDA JACKSON 6526 GARDEN SPRINGS CT ORLANDO FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MAYRELIS REYES 5001 SW 20TH ST APT 3607 OCALA FKL 34470
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11.

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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:

Michael A. Adams - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-04 352-572-6251
Daytime Phone #