

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

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90032 013 ***150.00

DOCUMENT # 1. Entity Name <i>P07000039474</i>	
BUSY BABIES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7490 BRETT FOREST DRIVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32222	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8726359		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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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	PRESIDENT ALISHIA KINCH 7490 BRETT FOREST DRIVE JACKSONVILLE FL 32222
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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:

Alishia Kinch

ALISHIA KINCH PRESIDENT

3-9-08

Date

904886-2692

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR