

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90024 001 ***150.00
05-10-2000 90024 002 *****8.75

DOCUMENT # P92000007935

1. Entity Name

WEE KIDS OF PASCO, INC.

Principal Place of Business

Mailing Address

7932 LITTLE ROAD
NEW PORT RICHEY FL 34653

7932 LITTLE ROAD
NEW PORT RICHEY FL 34654-5405

2. Principal Place of Business

8828 Easthaven Court

Suite, Apt. #, etc.

3. Mailing Address

8828 Easthaven Court

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY, FLORIDA

City & State

NEW PORT RICHEY, FLORIDA

Zip

34655

Country

USA

Zip

34655

Country

USA

4. FEI Number

59-3159067

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHS, LYNN A
7211 HEATH DRIVE
PORT RICHEY FL 34668

7. Name and Address of New 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.

SIGNATURE

Lynn A. Mahs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/00

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

~~FILE NOW!!! FEE IS \$150.00~~

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

~~\$5.00 May Be~~

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
MAHS, LYNN A.
7211 HEATH DRIVE
PT. RICHEY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
POPIELASKI, KATHLEEN C.
7014 KING ARTHUR DRIVE
PT. RICHEY FL 34668

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn A. Mahs LYNN A. MAHS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/00 (727) 375-737

Daytime Phone #

CR2E034 (9/99)