

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000010389**

1. Entity Name
CINDY'S KIDS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90320 040 ***158.75

Principal Place of Business
**727 BEAR CREEK CIRCLE
WINTER SPRINGS FL 32708
US**

Mailing Address
**727 BEAR CREEK CIRCLE
WINTER SPRINGS FL 32708
US**

2. Principal Place of Business
1550 N. WEAVER SPRINGS ROAD

3. Mailing Address
1550 N. WEAVER SPRINGS ROAD

Suite, Apt. #, etc.

City & State
APOPKA, FL

City & State
APOPKA, FL

Zip
32712

Country
USA

Zip
32712

Country
USA

4. FEI Number **59-3168838**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ZIMMERMANN, CINDY T
727 BEAR CREEK CIRCLE
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name

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

City

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

DATE _____
(NOTE: Registered Agent signature required when re-registering)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ZIMMERMANN, CINDY T 727 BEAR CREEK CIRCLE WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VTSD ZIMMERMANN, PETER W 727 BEAR CREEK CIRCLE WINTER SPRING FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **PETER W. ZIMMERMANN** **4/18/01 407-880-6060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (10/00)