

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90484 001 ***450.00

DOCUMENT # P93000014527

1. Entity Name

KIDSTOP AT BOYNTON BEACH, INC.

Principal Place of Business

1490 GATEWAY BLVD.
BOYNTON BEACH FL 33426
US

Mailing Address

200 TALCOTT AVENUE SOUTH
WATERTOWN MA 02472

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0394003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	PCOO TOCIO, MARY A 200 TALCOTT AVE SOUTH WATERTOWN MA 02472 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BROWN, ROGER H <input checked="" type="checkbox"/> Delete 200 TALCOTT AVE SOUTH WATERTOWN MA 02472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT BOLAND, ELIZABETH J <input type="checkbox"/> Delete 200 TALCOTT AVE SOUTH WATERTOWN MA 02472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DREIER, STEPHEN I <input type="checkbox"/> Delete 200 TALCOTT AVE SOUTH WATERTOWN MA 02472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, COO & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David H. Lissy 200 Talcott Ave. South Watertown, MA 02472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

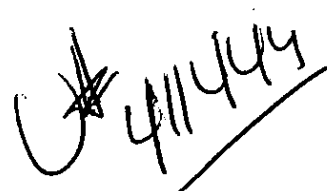
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

617 673 8000

Daytime Phone #



YELLOW COPY for your files