## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 23, 2001 8:00 am Secretary of State DOCUMENT # P94000052773 1. Entity Name 04-30-2001 90421 043 \*\*\*150.00 MOTHERS TO BE, KIDDIE KONSIGNMENT & MENS, INC. Principal Place of Business Mailing Address 851 E STATE ROAD 434 851 EAST STATE ROAD 434 SUITE 716 SUITE 176 LONGWOOD FL 32750 LONGWOOD FL 32750 บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3256902 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Debbie Paschall GRESHAM, DEBBIE Street Address (P.O. Box Number is Not Acceptable) 851 EAST STATE ROAD 434 851 E. State Rd. 434 SUITE 176 #176 LONGWOOD FL 32750 oviedo Lon Pulona 32750 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed of printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE TITLE Delete GRESHAM, DEBBIE NAME NAME Paschall, Debbie STREET ADDRESS STREET ADDRESS 851 E STATE RD 434, SUITE 176 851 E. State Rd. 434, #176 CITY-SI-ZIP CITY-ST-ZIP ONGWOOD FL Longwood, FL 32750 **M** Addition Change TITLE ☐ Delete TITLE VΡ NAME NAME William Hunter Paschall STREET ADDRESS STREET ADDRESS ·851 E. State Rd. 434 #176 CITY-ST-ZIP CITY-ST-ZIP Longwood, FL 32750, Change Addition TILE MLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 recover of frustee empencing to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, often an address, with an address, with all other like empowered. SIGNATURE:

NG OFFICER OR DIRECTOR

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