

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**  
 01-29-2000 90093 006 \*\*\*150.00

**DOCUMENT # P94000088698**

1. Entity Name  
**123 KIDS, INCORPORATED**

Principal Place of Business

Mailing Address

**10003 133RD ST. N.  
 SEMINOLE FL 34646-1545**

**10003 133RD ST. N.  
 SEMINOLE FL 33776-1545**

**905545**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**7777 131st STREET NO.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SEMINOLE FL**

4. FEI Number

**59-3281280**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33776-1545**

**PINELLAS**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALEB, ROBERTA G  
 10003 133RD ST. N.  
 SEMINOLE FL 34646-1545**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPV	<input type="checkbox"/> Delete
NAME	CALEB, ROBERTA G	
STREET ADDRESS	10003 133RD ST. N.	
CITY-ST-ZIP	SEMINOLE FL 34646-1545	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CALEB, ROBERTA G	
STREET ADDRESS	10003 133RD ST. N.	
CITY-ST-ZIP	SEMINOLE FL 34646-1545	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33776-1545	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33776-1545	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Robert G. Caleb*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERTA G. CALEB, PRESIDENT**

**1/18/00**  
 Date

**727-393-7000**  
 Daytime Phone #

CR2E034 (9/99)