

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91220 002 \*\*\*150.00

**DOCUMENT # P94000090383**

1. Entity Name

**KIDSIGNMENT TOO, INC.**

Principal Place of Business

1058 HIGHWAY A1A  
 ATLANTIC PLAZA  
 SATELLITE BEACH FL 32937

Mailing Address

1058 HIGHWAY A1A  
 ATLANTIC PLAZA  
 SATELLITE BEACH FL 32937

001400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1024 Highway A1A

3. Mailing Address

1024 Highway A1A

Suite, Apt. #, etc.

Suite 152

Suite, Apt. #, etc.

Suite 152

City & State

SATELLITE BEACH, FL

City & State

SATELLITE BEACH, FL

Zip

32937

Country

U.S.

Zip

32937

Country

U.S.

4. FEI Number

59-3298442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, DAWN  
 570 4TH AVE  
 SATELLITE BEACH FL 32937

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, 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

TITLE ☐ Delete  
 NAME DPT  
 STREET ADDRESS NEWMAN, MARIE DAWN  
 CITY-ST-ZIP 570 4TH AVE  
 SATELLITE BEACH FL 32937

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS WEVER, SUSAN D  
 CITY-ST-ZIP 123 ALGONGUIN TERR  
 INDIAN HARBOUR BEACH FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

*Dawn Marie Newman* Dawn Marie Newman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-777-

5999

CR2E034 (10/00)

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