

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0394930
 AV

03-18-2002 90020 014 ***150.00

DOCUMENT # P95000041854

1. Entity Name

KIDSTOWN LEARNING CENTER, INC.

Principal Place of Business

**3137 MEDINAH CIR E
 LAKE WORTH FL 33467**

Mailing Address

**3126 MEDINAH CIRCLE EAST
 LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3126 Medinah Cir E

City & State

LK Worth FL

Zip

33467

Country

POC

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number

65-0592306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

POUPORE, PAULA

**3126 MEDINAH CIRCLE EAST
 LAKE WORTH FL 33467**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **POUPORE, PAULA**
 CITY-ST-ZIP **3126 MEDINAH CIRCLE EAST
 LAKE WORTH FL 33467**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **COOLEY, PATRICIA**
 CITY-ST-ZIP **8825 DOWING STREET
 BOYNTON BEACH FL 33437**

TITLE ☒ Delete
 NAME **P**
 STREET ADDRESS **POUPORE, JOHN L**
 CITY-ST-ZIP **42156 PELLSTON
 NORTHVILLE MI 48167**

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 **P**
 STREET ADDRESS **42562 CAPITOL**
 CITY-ST-ZIP **NOVI, MI 48375**

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
 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:

PAULA POUPORE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02
 Date

561-641-7555
 Daytime Phone #

(1)
 CR2E034 (9/01)