

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90115 025 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	P97000002258
1. Entity Name	KIDS SHOPPS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 4400 PGA Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 900	
City & State		City & State Palm Beach Gardens, FL	
Zip	Country	Zip	Country
		33410	USA
4. FEI Number		65-0726304	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Richard G. Cherry
Street Address (P.O. Box Number is Not Acceptable)
4400 PGA Blvd., Suite 900
City Palm Beach Gardens FL Zip Code 33410

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 Richard G. Cherry DATE 4/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PSD	TITLE	
NAME	N. Kent Wilmering	NAME	
STREET ADDRESS	2406 No. Lakeside Drive	STREET ADDRESS	
CITY - ST - ZIP	Lake Worth, FL 33460	CITY - ST - ZIP	
TITLE	VPDT	TITLE	
NAME	John J. Hoecker	NAME	
STREET ADDRESS	18969 SE Windward Island Way	STREET ADDRESS	
CITY - ST - ZIP	Jupiter, FL 33458	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: N. Kent Wilmering DATE 4/10/02 561 471 7767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
N. Kent Wilmering, President

CR2E034B (12/01)