2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P97000043174 DOCUMENT #



FILED Feb 25, 2003 8:00 am Secretary of State

1. Entity Na KIDS BE	ACH CLUB, IN	NC.						02-25-2003 90122	035 ***15	0.00	
Principal Place of Business 1009 OCEAN SHORE BLVD ORMOND BEACH FL 32176			Mailing Address 94 WATER ST STONINGTON CT 06378								
Principal Place of Business 3. Mailing Address											
Suite, Ap	t # etc		Suite	e, Apt. #, etc.		:	_				
			Julie	, Apt. #, etc.			1	☐ CHECK HERE IF MAK	ING CHANGE	S	
City & Sta	ate	City & State				4. FEI Number 59-3448806 Applied For Not Applied For					
Zip	Со	untry	Zip Cour			/	5. C	ertificate of Status Desired	\$8.75 A	dditional	
	6. Name and	Address of Curre	nt Registere	d Agent			7 N:	ame and Address of New Registere	Fee Requi	rea	
						Name		and and Address of New negisters	Myent		
DUFFETT, HENRY P								*			
120 E GRANADA BLVD						Street Address (P.O. Box Number is Not Acceptable)					
ORMOND	BEACH FL FL32	1-75									
						O::					
						City			Zip Co		
8. The above the obliga	e named entity subnations of registered a	nits this statement agent.	t for the purpo	se of changing its	s registered	office or register	ered ager	nt, or both, in the State of Florida. I a	m familiar with	n, and accept	
SIGNATURE	Signature, typed or printe	d name of registered age	ent and title if appli	cable. (NOT	TE: Registered A	gent signature required	d when rein	stating) DAT	=		
Afte	FILE NOW!!! FE er May 1, 2003 Fe k Payable to Flor	e will be \$550.0	0 of State		<u></u>			Election Campaign Financing Trust Fund Contribution.		00 May Be	
10.		OFFICERS AN		<u></u>	11.			TIONO (OLUNIOSO TO OCCIOSOS A	T.=		
TITLE	D S	1.	D DINEOTON	□ Delete	TITLE		ADD	ITIONS/CHANGES TO OFFICERS A			
NAME	BARRES, PAULI			C Delete	NAME			•	Change	Addition	
STREET ADDRESS	94 WATER ST				STREET /	ADDRESS					
. CITY-ST-ZIP	STONINGTON C	1 06378			CITY-ST	-ZIP					
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition	
NAME					NAME				_ •		
STREET ADDRESS CITY-ST-ZIP	1				STREET A						
	 				CITY-ST	-ZIP					
TITLE NAME				☐ Delete	TITLE				☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP					STREET A	ſ					
TITLE			·	□ Bald	CITY-ST-	ZIF					
NAME				☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS					STREET AI	DDRESS					
CITY-ST-ZIP	1				CITY CT	710					

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

Sagla.