

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90176 029 ***150.00

DOCUMENT # P97000048488

1. Entity Name

A TIME FOR KIDS, INC.

K

Principal Place of Business

**103 SOUTH US ONE, SUITE B-4
JUPITER FL 33477**

Mailing Address

**103 SOUTH US ONE, SUITE B-4
JUPITER FL 33477**

00069101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0757368

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HIRSCH, JULIAN E
103 SOUTH US ONE, SUITE B-4
JUPITER FL 33477**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCH, JULIAN E	NAME	
STREET ADDRESS	103 SOUTH US ONE, SUITE B-4	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/02

(561) 575-2444



Jupiter Spinal Health Center

103 S. U.S. Highway One, Suite B-4
Jupiter, Florida 33477
(561) 575-2444
Fax (561) 744-8799

Attachment
D# P97000048488
00069101

July 5, 2000

Division Of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

Please accept the enclosed usual fee of \$150.00 per corporation. I swear that I never received the first notice otherwise it would have been paid in a timely fashion.

I sincerely appreciate your willingness to work with me on this matter. Thank you so very much for your cooperation.

Sincerely,


Julian E. Hirsch