

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000086318

1. Entity Name

BABIES FIRST, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90398 048 \*\*\*158.75

Principal Place of Business

Mailing Address

4407 WEST BAY VILLA AVE  
TAMPA FL 33611P O BOX 18963  
TAMPA FL 33679-8963  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

406 S. OREGON AVE  
Suite, Apt. #, etc.P.O. Box 18963  
Suite, Apt. #, etc.City & State  
TAMPA, FLCity & State  
TAMPA, FL

4. FEI Number 65-0799457

Applied For  
Not Applicable

Zip 33606 Country U.S.A.

Zip 33679-8963 Country U.S.A.

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

FINGAR, PAMELA  
4407 WEST BAY VILLA AVE  
TAMPA FL 33611

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME FINGAR, PAMELA  
STREET ADDRESS 4407 WEST BAY VILLA AVE  
CITY-ST-ZIP TAMPA FL 33611 ☐ DeleteTITLE PTD  
NAME FINGAR, PAMELA  
STREET ADDRESS 406 S. OREGON AVE.  
CITY-ST-ZIP TAMPA, FL. 33606 ☒ Change ☐ AdditionTITLE VSD  
NAME WARD, CAROL  
STREET ADDRESS 4407 WEST BAY VILLA AVE  
CITY-ST-ZIP TAMPA FL 33611 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Pamela Fingar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORApril 21, 2000  
Date Daytime Phone #

CR2E034 (9/99)