

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90048 021 ***150.00

DOCUMENT # P97000093699

1. Entity Name
TATER KIDS, INC.

Principal Place of Business

Mailing Address

**9825-B SAN JOSE BLVD.
 JACKSONVILLE FL 32257
 US**

**8909 RUNNYMEADE ROAD
 JACKSONVILLE FL 32257-5214**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**9825 SAN JOSE BLVD.
 Suite, Apt. #, etc.
 SUITE #13**

**8909 RUNNYMEADE RD
 Suite, Apt. #, etc.**

City & State
JACKSONVILLE FLORIDA

City & State
JACKSONVILLE FLORIDA

4. EEL Number **59-3475836**

Applied For
 Not Applicable

Zip **32257** Country **USA**

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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

**ESPOSITO, DANA L
 8909 RUNNYMEADE ROAD
 JACKSONVILLE FL 32257**

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 _____ DATE _____
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)

**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	D	<input type="checkbox"/> Delete
NAME	ESPOSITO, DANA L	
STREET ADDRESS	8909 RUNNYMEADE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESPOSITO, PAUL M	
STREET ADDRESS	8909 RUNNYMEADE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *DANA ESPOSITO*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 **904-260-9440**
 Date Daytime Phone #

CR2E034 (9/99)