

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093699

1. Entity Name
TATER KIDS, INC.

Principal Place of Business
**9825 SAN JOSE BLVD.
SUITE 13
JACKSONVILLE FL 32257
US**

Mailing Address
**8909 RUNNYMEADE ROAD
JACKSONVILLE FL 32257**

2. Principal Place of Business
10550 ST. AUGUSTINE RD.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 16

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

Zip
32257

Country
USA

Zip

Country

4. FEI Number **59-3475836**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 of both in the State of Florida.

SIGNATURE *Dana Esposito*
Signature, typed or printed name of registered agent and title if applicable.

**SIGNED FOR CHANGE OF
PRES. OFFICE ADDRESS ONLY
(Box 2)**

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ESPOSITO, DANA L
8909 RUNNYMEADE ROAD
JACKSONVILLE FL 32257** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ESPOSITO, PAUL M
8909 RUNNYMEADE ROAD
JACKSONVILLE FL 32257** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90008 040 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)