

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90008 040 ***150.00

002361

DOCUMENT # P97000093699

1. Entity Name
TATER KIDS, INC.

Principal Place of Business Mailing Address

**9825 SAN JOSE BLVD.
 SUITE 13
 JACKSONVILLE FL 32257
 US**

**8909 RUNNYMEADE ROAD
 JACKSONVILLE FL 32257**

2. Principal Place of Business 3. Mailing Address

10550 ST. AUGUSTINE RD. Suite, Apt. #, etc.

SUITE 16 Suite, Apt. #, etc.

City & State City & State

JACKSONVILLE, FL City & State

Zip Country Zip Country

32257 **USA** Zip Country

4. FEI Number Applied For

59-3475836 Not Applicable

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

 \$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* **- SIGNED FOR CHANGE OF PRES. OFFICE ADDRESS ONLY (Box 2)** DATE: **4-5-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing.)

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	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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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* Date: **4-5-01** Daytime Phone #: **904-2609440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/00)