

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000098190**1. Entity Name  
**KOMFY KIDS, INC.****FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90288 026 \*\*\*150.00

Principal Place of Business

**11457 SAN JOSE BLVD  
SUITE 178  
JACKSONVILLE FL 32223**

Mailing Address

**11457 SAN JOSE BLVD  
SUITE 178  
JACKSONVILLE FL 32223**

2. Principal Place of Business

**11530 SILK OAK LN.  
Suite, Apt. #, etc.**

3. Mailing Address

**11530 SILK OAK LN.  
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City &amp; State

**Jacksonville, Florida**

City &amp; State

**Jacksonville, Florida**

Zip

**32223**

Country

**USA**

Zip

**32223**

Country

**USA**

4. FEI Number

**59-3477390**

Applied For

Not Applicable

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****MCKAY, LORETTA  
115 30 SILK OAK LN.  
JACKSONVILLE FL 32223**

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, 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** ☐ Delete  
NAME **MCKAY, LORETTA**  
STREET ADDRESS **11530 SILK OAK LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**TITLE **VP** ☐ Delete  
NAME **HAMILTON, BILLY**  
STREET ADDRESS **9314 CR 451**  
CITY-ST-ZIP **PRINCETON TX 75407**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Louetta McKay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/01

Date

904-2162-8392

Daytime Phone #

CR2E034 (10/00)