

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90063 027 ***150.00

DOCUMENT # P97000098190

1. Entity Name

KOMFY KIDS, INC.

Principal Place of Business

**11530 SILK OAK LN
JACKSONVILLE FL 32223**

Mailing Address

**11530 SILK OAK LN
JACKSONVILLE FL 32223**

2. Principal Place of Business

12664 Cormorant Cove Ln.

3. Mailing Address

12664 Cormorant Cove Ln

Suite, Apt. #, etc.

Jacksonville, Fla.

Suite, Apt. #, etc.

Jacksonville, Fla.

City & State

32223

City & State

32223

Zip

USA

Zip

32223

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

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

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, 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, 2002 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-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☐ Addition
NAME **mckay, Loreta**
STREET ADDRESS **12664 Cormorant Cove Ln**
CITY-ST-ZIP **Jacksonville, Fla. 32223**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ 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:

Loretta McKay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02

904-262-8392