

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000009927**

1. Entity Name

QUAL KID'S CORP.**FILED**
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90035 038 ***550.00

Principal Place of Business

**540 E HORATIO AVE STE 103
MAITLAND FL 32751**

Mailing Address

**540 E HORATIO AVE STE 103
MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3491562**

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

**BERGER, MARNI
1371 RIDGEWOOD AVENUE
WINTER PARK FL 32789**Name **Robert Rickenbach**

Street Address (P.O. Box Number is Not Acceptable)

540 E. HORATIO AVE.**SUITE 103**

City

MAITLAND

FL

Zip Code

32751

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

9/8/009. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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** ☐ Delete
NAME **MILOV, DAVID M.D.**
STREET ADDRESS **540 E HORATIO AVE STE 103**
CITY-ST-ZIP **MAITLAND FL 32751**TITLE **D** ☒ Change ☐ Addition
NAME **LAWRENCE MILOV**
STREET ADDRESS **108 1/2 CAPITOL ST. SUITE 300**
CITY-ST-ZIP **CHARLESTON, WV 25301**TITLE **D** ☐ Delete
NAME **MILOV, LAWRENCE**
STREET ADDRESS **1000 TECHNOLOGY DR**
CITY-ST-ZIP **FAIRMONT WV 26544**TITLE **D** ☐ Change ☒ Addition
NAME **Robert Rickenbach**
STREET ADDRESS **540 E. HORATIO AVE. SUITE 103**
CITY-ST-ZIP **MAITLAND, FL 32751**TITLE **D** ☐ Delete
NAME **FRANSON, RICHARD PHD**
STREET ADDRESS **1101 E MARSHALL**
CITY-ST-ZIP **RICHMOND VA 23298**TITLE **D** ☐ Change ☒ Addition
NAME **Michael Miller**
STREET ADDRESS **12521 MANDERLEY WAY**
CITY-ST-ZIP **OAK HILL, VA 20191**TITLE **D** ☐ Delete
NAME **BERGER, MARNI**
STREET ADDRESS **540 E HORATIO AVE STE 103**
CITY-ST-ZIP **MAITLAND FL 32751**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PERMAN, JAY MD**
STREET ADDRESS **1001 BROAD ST**
CITY-ST-ZIP **RICHMOND VA 23298**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **DIETERLE, ROBERT**
STREET ADDRESS **2800 ROCKCREEK PKWY**
CITY-ST-ZIP **KANSAS CITY MO 64117**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: **ROBERT RICKENBACH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**9/8/00**
Date**407-629-1115**
Daytime Phone #

CR2E034 (5/00)