

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000009927**1. Entity Name
QUAL KID'S CORP.

Principal Place of Business

540 E HORATIO AVE STE 103

MAITLAND
32751

FL

Mailing Address

540 E HORATIO AVE STE 103

MAITLAND
32751

FL

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICKENBACH ROBERT
540 E HORATIO AVE
SUITE 103
MAITLAND
32751

FL

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)

01/11/2001

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	<input type="checkbox"/> Delete
NAME	DIETERLE ROBERT	
STREET ADDRESS	2800 ROCKCREEK PKWY	
CITY-ST-ZIP	KANSAS CITY MO 64117	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERMAN JAY MD	
STREET ADDRESS	1001 BROAD ST	
CITY-ST-ZIP	RICHMOND VA 23298	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGER MARNI	
STREET ADDRESS	540 E HORATIO AVE STE 103	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANSON RICHARD PHD	
STREET ADDRESS	1101 E MARSHALL	
CITY-ST-ZIP	RICHMOND VA 23298	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILOV LAWRENCE	
STREET ADDRESS	1000 TECHNOLOGY DR	
CITY-ST-ZIP	FAIRMONT WV 26544	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILOV DAVID M.D.	
STREET ADDRESS	540 E HORATIO AVE STE 103	
CITY-ST-ZIP	MAITLAND FL 32751	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKENBACH BOB B	
STREET ADDRESS	1914 BENHURST PLACE	
CITY-ST-ZIP	MAITLAND FL 32751	
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: BOB RICKENBACH

D

01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)