**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 20, 2002 8:00 am Secretary of State P98000013603 DOCUMENT # Entity Name CHUCK'S KIDS CORP. 02-20-2002 90131 023 \*\*\*150.00 rincipal Place of Business Mailing Address 514 HOLLYWOOD BLVD 2514 HOLLYWOOD BLVD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0910480 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEWWTT, CHARLES CPA Street Address (P.O. Box Number is Not Acceptable) 2514 HOLLYWOOD BLVD #508 HOLLYWOOD FL 33020 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. STP TITLE ☐ Delete AME JEWETT, CHUCK NAME REET ADDRESS 2514 HOLLYWOOD BLVD #508 STREET ADDRESS HOLLYWOOD FL 33020 TY-ST-ZIP CITY-ST-ZIP ÎLE ☐ Delete TITLE ☐ Change ☐ Addition AME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE Change ■ Addition ÅΜΕ NAME REET ADORESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE. TITLE ☐ Change ☐ Addition ☐ Delete **ME** NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ÎLE Delete TITLE Change Addition MF. NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP 'nε ☐ Delete TITLE Change Addition ME NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP

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

IGNATURE: SIGNAL REQUIRE

an address, with all other like empowered.

changed, or on an attachment with

Date

Daytime Phone #