

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91141 009 ***150.00

DOCUMENT # **798000015269**

1. Entity Name

KID TRAX CREATIONS, INC.

DO NOT WRITE IN THIS SPACE

666192

2. Principal Place of Business

1212 Meadows Circle

Suite, Apt. #, etc.

3. Mailing Address

1212 MEADOWS CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0812161

Applied For

Not Applicable

Zip

33436

Country

USA

Zip

33436

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **RICHARD L. BROWN**

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

2910 Cardinal Drive, Suite A

City **VERO BEACH**

FL

Zip Code

32963

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
S/D	NYGREN, THOMAS L	1212 MEADOWS CIRCLE	BOYNTON BEACH, FL 33436				
P/D	MORRIS, KATHRYN A	1212 MEADOWS CIRCLE	BOYNTON BEACH, FL 33436				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

KATHRYN A. MORRIS

KATHRYN A. MORRIS

4-30-02 561-642-1982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)