

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000073569

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: FAIRY TALES OF CASSELBERRY, INC.

Current Principal Place of Business:

1472 SEMORAN BOULEVARD
CASSELBERRY, FL 32707

New Principal Place of Business:

5260 W IRLO BRONSON HWY
#118
KISSIMMEE, FL 34746

Current Mailing Address:

5260 WEST IRLO BRONSON HIGHWAY
SUITE 118-120
KISSIMMEE, FL 34746

New Mailing Address:

5260 WEST IRLO BRONSON HIGHWAY
SUITE 118
KISSIMMEE, FL 34746

FEI Number: 59-3528873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, MICHAEL B ESQ
7652 ASHLEY PARK CT.
STE 300
ORLANDO, FL 32835

Name and Address of New Registered Agent:

WRIGHT, MALCOLM J ESQ
2701 SPIVEY LANE
ORLANDO, FL 32837

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: MALCOLM WRIGHT

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WRIGHT, MALCOLM J
Address: 5260 W IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34746

Title: VD () Delete
Name: WRIGHT, GILLIAN M
Address: 5260 W IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM WRIGHT

P

04/30/2002

Electronic Signature of Signing Officer or Director

Date