

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028126

1. Entity Name  
**KIDSAFE, INC.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP -4 PM 3: 18



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>311 N. ADAMS ST. TALLAHASSEE FL 32301</b>		Mailing Address <b>311 N. ADAMS ST. TALLAHASSEE FL 32301</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 10004</b> Suite, Apt. #, etc.	
City & State <b>Tallahassee FL</b>		4. FEI Number <b>APPLIED FOR</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>32302</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VASILINDA, MICHAEL D 311 N. ADAMS ST. TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VASILINDA, MICHELE R 311 N ADAMS ST TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S VASILINDA, MICHAEL 311 N ADAMS ST TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000004583460-3 -09/11/01--01080--014 ****150.00 ****150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 another like empowered.

SIGNATURE: Michael D. Vasilinda 7-16-01 850-508-2032  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0023259

CR2E034 (10/00)

Kidsafe Inc  
311 North Adams Street  
Tallahassee, FL 32301

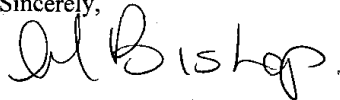
June 21, 2001

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam,

I would like to know if we could be exempt from paying the \$500 late filing fee. We changed our mailing address to P.O. Box 10004, Tallahassee, Florida 32302, and we neglected to file a change of address with your department. I would truly appreciate this consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "H. Bishop".

Helen Bishop