

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030475

1. Entity Name
KIDCO, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90393 048 ***150.00

Principal Place of Business Mailing Address
2068 ALAQUA DRIVE **2068 ALAQUA DRIVE**
LONGWOOD FL 32779 **LONGWOOD FL 32779**
315 Alafaya Woods Blvd *315 Alafaya Woods Blvd*
Oviedo FL 32765 *Oviedo FL 32765*

2. Principal Place of Business 3. Mailing Address
315 Alafaya Woods Blvd *315 Alafaya Woods Blvd*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Oviedo FL *Oviedo FL*
Zip Country Zip Country
32765 *Seminole* *32765* *Seminole*



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3573593** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
REIFF, ANDREW L
135 W CENTRAL BLVD
SOUTHTRUST BANK BLDG SUITE 720
ORLANDO FL 32801
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<i>D Vice President/Treasurer</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUXBAUM, PETER	<i>Director</i>	NAME		
STREET ADDRESS	2068 ALAQUA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP		
TITLE	<i>D President/Director/Secretary</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUXBAUM, SHARON		NAME		
STREET ADDRESS	2068 ALAQUA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Sharon Buxbaum* **4-23-01** **407-366-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)