## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000032276 May 15, 2000 8:00 am Secretary of State R & B KIDSTUFF, INC. 05-15-2000 90255 014 \*\*\*150.00 Mailing Address Principal Place of Business 238-B SW 10 STREET 238-B SW 10 STREET OCALA FL 34474-4264 OCALA FL 34474 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4 FEI Number City & State City & State 59-3573892 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOUCETT, ROBIN C Street Address (P.O. Box Number is Not Acceptable) 238-B SW 10 STREET OCALA FL 34474 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Presiclent | Delete ARtman TITLE ☐ Change Addition TITLE Bonnie 10908 SE. 55th Ave NAME NAME STREET ADDRESS STREET ADDRESS Bellview, Fl CITY-ST-ZIP CITY-ST-ZIP ☐ Addition VICE President ☐ Change ☐ Delete TITLE TITLE Robin DouceH NAME NAME 1768 SE 162 Terr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32179 CITY-ST-ZIP Octlawaha, FI ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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