

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041557

1. Entity Name

BEDTYME STORIES OF ST. PETERSBURG, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90488 050 ***150.00

0446158

Principal Place of Business 10568 GANDY BOULEVARD SAINT PETERSBURG FL 33702	Mailing Address 5800 ROSWELL BOULEVARD N.E. SUITE N390 ATLANTA GA 30342
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RECEIVED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3572 OLD MILTON PARKWAY Suite, Apt. #, etc.
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City & State ALPHARETTA GA	City & State ALPHARETTA GA
Zip 30005	Country FULTON

4. FEI Number 59-3579079	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ENGLANDER, LEONARD 2111 DREW STREET CLEARWATER FL 33758-4989

7. Name and Address of New Registered Agent Name DAVID BURTON Street Address (P.O. Box Number is Not Acceptable) 2111 Drew St City Clearwater FL Zip Code 33765
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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 *David Burton*

3.7.01

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) ☐

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	0 EATON, DONNA L 5800 ROSWELL ROAD N.E., STE. N390 ATLANTA GA 30342 3572 OLD MILTON PARKWAY ALPHARETTA GA 30005
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Donna Eaton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-01 770-667-6579
Date Daytime Phone #

CR2E034 (10/00)