

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062271

1. Entity Name

KIDS' QUARTERS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90046 012 ***150.00

Principal Place of Business

200 E ROBINSON STREET, SUITE 500
ORLANDO FL 32801

Mailing Address

200 E ROBINSON STREET, SUITE 500
ORLANDO FL 32801-1956

2. Principal Place of Business

4514 Rose Tree Court

3. Mailing Address

200 E. Robinson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State
Orlando FL

City & State
Orlando, FL

4. FEI Number

58-2480443

Applied For

Not Applicable

Zip
32837

Country
USA

Zip
32837

Country
USA

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

FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON STREET SUITE 500
ORLANDO FL 32801

Name
Florida Corporate Support, Inc.

Street
200 E. Robinson Street

Suite 500

City
Orlando FL 32801

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.

FLORIDA CORPORATE SUPPORT, INC.

SIGNATURE By: *[Signature]*

Assistant Secretary

4/10/00

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, 2000 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
D
SOLA, ANTONIO
4514 ROSE TREE COURT
ORLANDO FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

407-843-5880

Daytime Phone #

CR2E034 (9/99)