

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90021 046 ***150.00

DOCUMENT # P99000062271

1. Entity Name

KIDS' QUARTERS, INC.

Principal Place of Business

**4514 ROSE TREE CT
 ORLANDO FL 32837**

Mailing Address

**200 E. ROBINSON ST
 STE 500
 ORLANDO FL 32837**

2. Principal Place of Business

3. Mailing Address

9741 S. Orange Blossom Trail

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Suite 4

Orlando FL

City & State

4. FEI Number **58-2480443**

Applied For

Not Applicable

32837

USA

Zip

Country

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 ST
 STE 500
 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
 NAME **SOLA, ANTONIO**
 STREET ADDRESS **4514 ROSE TREE COURT**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☒ Change ☐ Addition
 NAME **3141 ZAHARIAS DR.**
 STREET ADDRESS **Orlando, FL 32837**
 CITY-ST-ZIP **Orlando, FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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

Daytime Phone #

3/14/01

407-888-2252

CR2E034 (10/00)