

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000064328** ✓

1. Entity Name **Kiddie Korp Inc**

Principal Place of Business Mailing Address

**4439 A 54th Ave N.
St Petersburg FL 33714**

2. Principal Place of Business

4439A

3. Mailing Address

Suite, Apt. #, etc.

City & State

St Petersburg

City & State

FL

Zip **33714**

Country

USA

Zip

Country

4. FEI Number

59-3608913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Deborah Jimenez
4555 51st Ct N
St Petersburg FL 33714**

7. Name and Address of New Registered Agent

Name **Deborah Jimenez**
Street Address (P.O. Box Number is Not Acceptable)
4555 51st Ct N
City **ST Petersburg FL** Zip Code **33714**

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

Deborah C Jimenez

(NOTE: Registered Agent signature required when reinstating)

DATE

March 30 2001

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 **President/CEO**
NAME **Deborah Jimenez** ☐ Delete
STREET ADDRESS **4555 51st Ct N**
CITY-ST-ZIP **ST Petersburg FL 33714**

TITLE **Treasurer/CFO** ☒ Delete
NAME **Ronda Walker**
STREET ADDRESS **1760 Split Fork**
CITY-ST-ZIP **Oldsmar FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Treasurer/CFO** ☒ Change ☐ Addition
NAME **Ronda Walker** **Delete!**
STREET ADDRESS **1760 Split Fork Dr**
CITY-ST-ZIP **Oldsmar FL 34677**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
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:

Deborah C Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/01

Daytime Phone #

727 793 0815

CR2E034 (11/00)