

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000068283**

1. Entity Name

**THE BABY CARRIAGE, INC.****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90015 025 \*\*\*150.00

Principal Place of Business

Mailing Address

3393 CYPRESS GARDENS RD  
WINTER HAVEN FL 33884712 MAGNOLIA PL.  
WINTER HAVEN FL 33884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3594827**Applied For  
Not Applicable

Zip

Country

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**CONDON, NANCY J  
712 MAGNOLIA PL.  
WINTER HAVEN FL 33884

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP CONDON, NANCY J 712 MAGNOLIA PL. WINTER HAVEN FL 33884	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT THOMPSON, KAREN A 4905 WILLOWBROOK CIR. WINTER HAVEN FL 33884	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS CONDON, MARK A 1988 MCDOWELL RD JACKSON MS 39204	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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:

*Nancy J. Condon*  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Nancy J Condon President 4-26-01

Date

863-324-0883

Daytime Phone #

CR2E034 (10/00)