FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State
05-24-2002 91330 047 ***150.00

DOCUMENT # P99000074509

1. Entity Name: Babyproofing Consultants, Inc.

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37154

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2. Principal Place of Business	3. Mailing Address
5214 Dorrington Lane	5214 Dorrington Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Orlando, Fl
Zip: 32821 Country: USA	Zip: 32821 Country: USA

4. FEI Number: 59-359-2942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Stephanie N. Smith

Street Address (P.O. Box Number is Not Acceptable): 5214 Dorrington Lane

City: Orlando Fl **FL** Zip Code: 32821

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) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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
NAME	Stephanie N. Smith
STREET ADDRESS	5214 Dorrington Lane
CITY-ST-ZIP	Orlando, Fl 32821
TITLE	Vice President
NAME	Timothy J. Smith
STREET ADDRESS	5214 Dorrington Ln
CITY-ST-ZIP	Orlando, Fl 32821
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-27-02 407-238-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #