01 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State
05-11-2001 90125 037 ***150.00

DOCUMENT # P99000091987

1. Entity Name: Educational Products for Infancy, Inc.

Principal Place of Business: 908 Point Seaside Dr, Crystal Beach, FL 34681

Mailing Address: PO Box 117, Crystal River FL 34681

2. Principal Place of Business

3. Mailing Address: PO Box 117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State: Crystal Beach FL

4. FEI Number: 59-3604786 — Applied For / Not Applicable

Zip

Country

Zip: 34681

Country: USA

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

48170

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jenkins, Rose M
1103 Florida Ave
Palm Harbor, FL 34683

7. Name and Address of New Registered Agent

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

TITLE	pstD
NAME	Iftikhar, Gladys E
STREET ADDRESS	908 Point Seaside Dr
CITY-ST-ZIP	Crystal Beach, FL 34681

☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CR2E034 (11/00)

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: Elizabeth Iftikhar, President — 6/1/01 — 727-772-1667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #