


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90326 004 \*\*\*150.00

0099773 AV

<b>DOCUMENT #</b> P99000093420	
1. Entity Name IT'S A SMALL WORLD KIDS CONSIGNMENT, INC.	

Principal Place of Business 7218 33RD AVE NORTH ST PETERSBURG FL 33710	Mailing Address 7218 33RD AVE NORTH ST PETERSBURG FL 33710
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2. Principal Place of Business 9241 Seminole Blvd Suite, Apt. #, etc.	3. Mailing Address 7218 33rd Ave North Suite, Apt. #, etc.
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City & State Seminole, FL	City & State St. Petersburg, FL
Zip 33772	Zip 33710
Country USA	Country USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3600540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NANKIVELL, SHARON 7218 33RD AVENUE NORTH ST. PETERSBURG FL 33710	
7. Name and Address of New Registered Agent Name N/A 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 - see attached letter After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 SEATON, RACHEL M 9241 SEMINOLE BLVD SEMINOLE FL 33772 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sharon Nankivell 9241 Seminole Blvd Seminole, FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Nankivell **SIGNATURE REQUIRED** 7/8/03 727-394-7728  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

10109752

# 999 00009 3420

To whom it may concern,

Please be advised that I did not receive the prior notice. I am a new owner, and I am not sure why I did not receive the notice, but I didn't. I am enclosing the 150.00 filing fee as stated in the instructions.

If you have any questions please contact me at 727-394-7728.

Thank you very much for your understanding in this matter.

*Sharon Nankivell*

Sharon Nankivell  
President