2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # **P99000102534** HAUGABOOK'S KIDDIE KLUB, INC. 03-14-2000 90012 030 ***150.00 Mailing Address Principal Place of Business 1563 FOURTH STREET 1563 FOURTH STREET SARASOTA FL 34236 SARASOTA FL 34236 0411/1 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0947315 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAUGABOOK, JANELL Street Address (P.O. Box Number is Not Acceptable) 1563 FOURTH STREET SARASOTA FL 34236 Zip Code FL 8. The above named entity submits this statement for the purpose of charging its registered office of istered agent, or both, in the State of Florida. SIGNATURE Janell Haugabook, Pres FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITI F HAUGABOOK, JANELL NAME STREET ADDRESS STREET ADDRESS 1563 FOURTH STREET CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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 frue 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 II other like empowered.

CITY-ST-ZIP

SIGNATURE: y

STREET ADDRESS

CITY-ST-ZIP