

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90870 015 ***150.00

DOCUMENT # S39669

1. Entity Name

KING'S KID, INC.

Principal Place of Business,

P. O. BOX 352016
PALM COAST FL 32135
US

Mailing Address

P. O. BOX 352016
PALM COAST FL 32135
US

2. Principal Place of Business

3. Mailing Address

4198 Sonora Ln

Suite, Apt. #, etc.

Ormond Beach, FL

City & State

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

32174

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELANOY, SCOTT C.

4198 SANORA LANE

ORMOND BEACH FL 32174

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

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so:
(See criteria on back)

After May 1, 2002 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

TITLE PD
NAME DELANOY, SCOTT C.
STREET ADDRESS 4198 SONORA LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

☐ Delete

TITLE PD
NAME Delaney Scott C
STREET ADDRESS 4198 Sonora Ln
CITY-ST-ZIP Ormond Beach FL 32174

☒ Change ☐ Addition

TITLE D
NAME DELANOY, ERIC C.
STREET ADDRESS 4198 SANORA LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MCKEOWN, JOSHUA A.
STREET ADDRESS 120 SAND THRUST COURT
CITY-ST-ZIP DAYTONA BEACH FL 32119

☐ Delete

TITLE D
NAME Mckeown Joshua A
STREET ADDRESS 8 Zealand Pl
CITY-ST-ZIP Palm Coast, FL 32164

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 386-676-0094

Date

Daytime Phone #

CR2E034 (9/01)