2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **\$48892** Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** KIDS COUNT (PALM BEACH), INC. 02-26-2000 90015 009 ***150.00 Mailing Address Principal Place of Business 5080 PONDEROSA LANE 5090 PONDEROSA LANE WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415-1245 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0299966 Not Applicable Country \$8.75 Additional Zip Country 5._Certificate of Status Desired Fee Required New Registered Agent 6. Name and Address of Cu LittleJohn Bookkeeping Corp. LITTLE-JOHN, BLAIR ptable) 3080 PONDEROSA LANE WEST PALM BEACH FL 33415 Ellas correct street Zip Code of Florida. 8. The above named entity submits this stater SIGNATURE DATE Signature, typed or printed name of register 9. This corporation is eligible to satisfy its Int \$5.00 May Be aign Financing Tax filing requirement and elects to do so tribution. Added to Fees (See criteria on back) OFFICEF TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE THOMPSON, LYNDA NAME STREET ADDRESS STREET ADDRESS 93 WIMBLETON ROAD CITY-ST-ZIP CITY-ST-ZIP ISLINGTON, ONT CA M9-A354 ☐ Addition Change ☐ Delete TITLE THOMPSON, MICHAEL NAME NAME STREET ADDRESS 93 WIMBLETON ROAD STREET ADDRESS CITY-ST-ZIP ISLINGTON, ONT. CA M9-A354 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delefe TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete · · TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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