

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S67456

1. Entity Name
A.B.C. KIDS, INCORPORATED

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90479 041 ***150.00

Principal Place of Business

4250 BELLEAIR RD
CLEARWATER FL 34616

Mailing Address

10003 133 ST N
CLEARWATER FL 33776
US

2. Principal Place of Business

10003 133 STREET N,
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

SEMINOLE FL

4. FEI Number 59-3075530

Applied For

Not Applicable

Zip

Country

33776-1545 US

Zip

Country

33776-1545

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALEB, ROBERTA G.
10003 133RD STREET NORTH
SEMINOLE FL 33776

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME CALEB, ROBERTA G.
STREET ADDRESS 10003 133RD STREET NORTH
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

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

TITLE VPS
NAME CALEB, R. TIMOTHY
STREET ADDRESS 10003 133RD STREET NORTH
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ 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:

Roberta G. Caleb

Roberta G. Caleb

Date

Daytime Phone #

2/19/01 727-393-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)