

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H51749

1. Entity Name
ALL ABOUT PLAYGROUNDS, INC.

APPROVED
AND
FILED

01 JAN 22 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3961 55TH AVE. N.
ST. PETERSBURG FL 33714 -1727
US

3961 55TH AVE. N.
ST. PETERSBURG FL 33714 -1727
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2524932**

Applied For

Not Applicable

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

BLOOM, DAVID L.
6352 49TH ST N
PINELLAS PARK FL 33781

3961 55 AVE N

ST PETE 33714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

3. 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 re-registering)

01/03/01

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 NAME STREET ADDRESS CITY-ST-ZIP	DV BLOOM, DAVID L. 6352 49TH STREET N. PINELLAS PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3961 55 AVE NO ST PETE, FL 33714-1727	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOOM, SUSAN J. 6352 49TH STREET, N. PINELLAS PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 300006576513 -01/26/01--01055--006 ****150.00 ****150.00	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CUMMINGS, PATRICIA A. 6352 49 ST N PINELLAS PARK FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

11 03/01