

# 2001 UNIFORM BUSINESS REPORT (UBR)

3

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90431 025 \*\*\*150.00

**DOCUMENT # 520270**

1. Entity Name

**PLAYACTION PRODUCTS, INC.**

Principal Place of Business

Mailing Address

1006 TROPIC STREET  
PO BOX 6406  
TITUSVILLE FL 32782-6406  
US

1006 TROPIC STREET  
PO BOX 6406  
TITUSVILLE FL 32782-6406  
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 **59-1897323**

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

**WHITE, BILLY H.**  
**3950 DAIRY RD**  
**TITUSVILLE FL 32796**

Name **MICHAEL J. MILFORD II**

Street Address (P.O. Box Number is Not Acceptable)  
**6467 LABREA AVENUE**

City **COCOA**

**FL**

Zip Code  
**32927**

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

*Michael J. Milford II*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*March 6, 2001*

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, BILLY H.	
STREET ADDRESS	3950 DAIRY RD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, BILLY H.	
STREET ADDRESS	3950 DAIRY RD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL J. MILFORD II	
STREET ADDRESS	6467 LABREA AVENUE	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL J. MILFORD II	
STREET ADDRESS	6467 LABREA AVENUE	
CITY-ST-ZIP	COCOA, FL 6467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Michael J. Milford II* - Michael J. Milford II - President

3-6-01

321-268-0357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)