

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90710 003 ***150.00

0694358
FP

DOCUMENT # F02000002111

1. Entity Name
POWER PLAY AMUSEMENTS INC.



Principal Place of Business
**1460 HWY. 78 WEST
OKEECHOBEE FL 34974**

Mailing Address
**1460 HWY. 78 WEST
OKEECHOBEE FL 34974**

2. Principal Place of Business

3. Mailing Address

1460 Hwy. 78 West

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Okeechobee FL

4. FEI Number **56-1856016**

Applied For

Not Applicable

Zip

Country

Zip

Country

34974

USA

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

**FISTE, CHERYL A
1460 HWY. 78 WEST
OKEECHOBEE FL 34974**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Cheryl A Fiste, Cheryl A. Fiste, President**

4/28/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FISTE, CHERYL A**
STREET ADDRESS **2806 S.E. 20TH COURT**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

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

TITLE **S** ☐ Delete
NAME **FISTE, STEVEN D**
STREET ADDRESS **2806 S.E. 20TH COURT**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **S** ☒ Change ☐ Addition
NAME **Steven D. Siegel**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cheryl A Fiste**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

863-357-2020
Daytime Phone #

CR2E034 (10/02)