2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 15, 2002 8:00 am Secretary of State DOCUMENT # G63237 1. Entity Name 05-15-2002 90019 007 ***150.00 LEISURE TIME ATTRACTIONS, INC. Principal Place of Business Mailing Address 850 LAKEWOOD-DRIVE: #241 350 LAKEWOOD DRIVE, #241 BRANDON FL-30510 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address 5101 TANAGERGROVE 5701 TANAGERG ROVE WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2373678 ITHIA, FL ITHIA, FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SODERQUIST, GERALD A. Street Address (P.O. Box Number is Not Acceptable) -350 LAKEWOOD DR., #241 -BRANDON FL-33510 8. The above named entry submits this statement for the purpose of thanging its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE (9/01)☐ Delete TITLE Change ☐ Addition N ME SODERQUIST, GERALD A. 3701 TANAGERGROVE WAY NAME STREET ADDRESS 350 LAKEWOOD DR., #241 STREET ADDRESS CR2E034 LITHIA, FL 33547-5894 CITY-ST-ZIP **BRANDON FL 33510** CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME soderquist, sherry M. NAME TANAGERGROVE WAY STREET ADDRESS 350 LAKEWOOD DR., #241 STREET ADDRESS CITY-ST-ZIP BRANDON FL 33510 CITY-ST-ZIP TITLE Delete ----TITLE Change - Addition -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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.