

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90047 021 ***150.00

DOCUMENT # 568741 ✓

1. Entity Name

GAMES PEOPLE PLAY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1721 Benbow Court

3. Mailing Address

1820 Hidden Pine Lane

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apopka, Florida

City & State

Apopka, Florida

4. FEI Number

59-2875250

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

32712

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lawrence D. Johnson

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

925 S. Denning Drive - Suite 4

City

Winter Park

FL

Zip Code

32789

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

PSTD

NAME

Florentina Trabulsy

STREET ADDRESS

1820 Hidden Pine Lane

CITY-ST-ZIP

Apopka, FL 32712

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VP

NAME

Nicholas M. Trabulsy

STREET ADDRESS

1820 Hidden Pine Lane

CITY-ST-ZIP

Apopka, FL 32712

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicholas M. Trabulsy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/16/2002

Date

407-880-3521

Daytime Phone #

CR2E034B (12/01)