

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79177

1. Entity Name

SOUTHERN PARK AND PLAY SYSTEMS, INC.

Principal Place of Business

C/O DALE M. HASNER
3780 MINTON ROAD
MELBOURNE FL 32904-9556
US

Mailing Address

C/O DALE M. HASNER
PO BOX 120339
WEST MELBOURNE FL 32912-0339
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HASNER, DALE M.
3780 MINTON ROAD
MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name
Dale M. Hasner
Street Address (P.O. Box Number is Not Acceptable)
185 Westover Drive
City
West Melbourne FL Zip Code
32904

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 Dale M. Hasner Dale M. Hasner, Pres. 1/4/02

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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HASNER, DALE M.
3780 MINTON ROAD
MELBOURNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
HASNER, SUSAN M.
3780 MINTON RD
MELBOURNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Susan M. Hasner (Susan M. Hasner, VST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/02

Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90009 006 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3013776 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

0592763 AT

CR2E034 (9/01)