2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am & Secretary of State DOCUMENT # M15398 1. Entity Name HOME USE PINBALL MACHINES, INC. 05-06-2002 90113 016 ***150.00 Principal Place of Business Mailing Address C/O MARGARET K. STAB C/O MARGARET K. STAB 1746 LATHAM DR. 1746 LATHAM DR. WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 Principal Place of Business. 3. Mailing Address LATHAM KOAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ALMBEACH 4. FEI Number Applied For 59-2545005 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STAB, MARGARET K. Street Address (P.O. Box Number is Not Acceptable) 1746 LATHAM DR. WEST PALM BEACH FL 33409 City Zin 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Delete TITLE (9/01)☐ Addition Change NAME STAB, MARGARET K. NAME STREET ADDRESS 310 N.W. 8TH CT E034 (STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STAB, FREDERICK J. NAME STREET ADDRESS 310 N.W. 8TH CT STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-7IP 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

-22-02-561-683-5893

☐ Addition