

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90128 045 ***150.00

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DOCUMENT # P00000010351

1. Entity Name
CHILD'S PLAY INSTALLATIONS, INC.



Principal Place of Business
2995 S E GLASGOW DRIVE
STUART FL 34997

Mailing Address
2995 S E GLASGOW DRIVE
STUART FL 34997

2. Principal Place of Business
1938 SW CASTINET LN
Suite, Apt. #, etc.

3. Mailing Address
1938 SW CASTINET LN
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PORT SAINT LUCIE, FL
Zip
34953
Country
USA

City & State
PORT SAINT LUCIE, FL
Zip
34953
Country
USA

4. FEI Number 65-0980381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BADAME, KATHERINE
2995 S E GLASGOW DRIVE
STUART FL 34997

7. Name and Address of New Registered Agent

Name
KENNETH J. EGAN
Street Address (P.O. Box Number is Not Acceptable)
1938 SW CASTINET LN
City
PORT SAINT LUCIE FL Zip Code
34953

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 *Kenneth J. Egan* KENNETH J. EGAN PRESIDENT

4/29/03

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

TITLE
NAME
STIERLIN, GEORGE
STREET ADDRESS
146 SW ESSEX DR.
CITY-ST-ZIP
PORT SAINT LUCIE FL 34984 ☒ Delete

TITLE
NAME
BADAME, RICHARD
STREET ADDRESS
2995 SE GLASGOW DR
CITY-ST-ZIP
STUART FL 34997 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
EGAN, KENNETH J.
STREET ADDRESS
1938 SW CASTINET LN
CITY-ST-ZIP
PORT SAINT LUCIE FL 34953 ☐ Change ☒ Addition

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

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

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

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

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

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: *Kenneth J. Egan* KENNETH J. EGAN

4/29/03 (772) 215 2931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)