

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027085

1. Entity Name

FUN AND GAMES DEPOT, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90185 037 ***150.00

Principal Place of Business

Mailing Address

297 QUAIL CT
CASSELBERRY FL 32707

297 QUAIL CT
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

1371 Chaparral Ln.
Suite, Apt. #, etc.
Winter Springs, FL.
City & State

1371 Chaparral Ln.
Suite, Apt. #, etc.
Winter Springs, FL.
City & State



DO NOT WRITE IN THIS SPACE

Zip
32708

Country
USA

Zip
32708

Country
USA

4. FEI Number

59-3650847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMM, MICHAEL W
297 QUAIL CT
CASSELBERRY FL 32707

Name
Grimm, Michael W
Street Address (P.O. Box Number is Not Acceptable)
1371 Chaparral Ln.
City
Winter Springs FL Zip Code
32708

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRIMM, MICHAEL W 297 QUAIL CT CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRIMM, CHRISTINE M 297 QUAIL CT CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Grimm Michael W 1371 Chaparral Ln. Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Grimm, Christine M 1371 Chaparral Ln. Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01 (407) 366-3666
Date Daytime Phone #

CR2E034 (10/00)