

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000090172

FILED  
Apr 25, 2003  
Secretary of State

Entity Name: PLAYSYSTEMS OF OCALA, INC.

## Current Principal Place of Business:

7461-B SOUTH HIGHWAY 441  
OCALA, FL 34480 US

## New Principal Place of Business:

## Current Mailing Address:

7461-B SOUTH HIGHWAY 441  
OCALA, FL 34480 US

## New Mailing Address:

FEI Number: 59-3673153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: DUMONT, JAY A  
Address: 9500 SOUTH MAGNOLIA AVENUE  
City-St-Zip: OCALA, FL 34476

Title: SVD ( ) Delete  
Name: DUMONT, JUDY A  
Address: 9500 SOUTH MAGNOLIA AVENUE  
City-St-Zip: OCALA, FL 34476

Title: DIR ( ) Delete  
Name: MACDONALD, RONALD CHAIRMA  
Address: 461 S.HWY 441  
City-St-Zip: OCALA, FL 34480 US

Title: TRES ( ) Delete  
Name: DUMONT, JAY  
Address: 9500 S. MAGNOLIA AVE  
City-St-Zip: OCALA, FL 34476 US

Title: DIR ( ) Delete  
Name: DUMONT, JAY  
Address: 9500 S.MAGNOLIA AVE  
City-St-Zip: OCALA, FL 34476 US

Title: PRES ( ) Delete  
Name: DUMONT, JAY PRES  
Address: 9500 S. MAGNOLIA AVE  
City-St-Zip: OCALA, FL 34476 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY DUMONT

PRES

04/25/2003

Electronic Signature of Signing Officer or Director

Date