

7/22

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-22-2002 90154 010 ***550.00

DOCUMENT # P01000004350

1. Entity Name

PLAYDEK INTERNATIONAL INC.

Principal Place of Business

2550 RIGEL ROAD
VENICE FL 34293

Mailing Address

2550 RIGEL ROAD
VENICE FL 34293

2. Principal Place of Business

Venice, Florida

3. Mailing Address

2550 Rigel Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

65-1068331

Applied For

Not Applicable

Zip

34293

Country

FLORIDA

Zip

34293

Country

FLORIDA5. Certificate of Status Desired ☐**\$8.75 Additional****Fee Required**

6. Name and Address of Current Registered Agent

E. JOSEPH PARRY
2550 RIGEL ROAD
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

President ☐ Delete
E. Joseph Parry
2550 Rigel Rd
Venice, FL 34293

☐ 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
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

☐ Change ☐ Addition
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. JOSEPH PARRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02

Date

941-493-8486

Daytime Phone #

CR2E034 (4/02)