

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90107 003 \*\*\*158.75

**DOCUMENT # P01000020494**

1. Entity Name

**THE PLASTER PLAYHOUSE, INC.**

Principal Place of Business

**503 SECOND AVENUE  
 MELBOURNE BEACH FL 32951**

Mailing Address

**503 SECOND AVENUE  
 MELBOURNE BEACH FL 32951**

2. Principal Place of Business

**300 Ocean Ave**

Suite, Apt. #, etc.

**Suite 9**

City & State

**Melbourne Beach FL**

Zip

**32951**

Country

**USA**

3. Mailing Address

**300 Ocean Ave**

Suite, Apt. #, etc.

**Ste 9**

City & State

**Melbourne Beach FL**

Zip

**32951**

Country

**USA**

4. FEI Number

**65-1093490**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**QUIGLEY, GINA**

**503 SECOND AVENUE**

**MELBOURNE BEACH FL 32951**

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.

SIGNATURE

*Gina Quigley*

**03/12/02**

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, 2002 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 QUIGLEY, GINA  
 503 SECOND AVENUE  
 MELBOURNE BEACH FL 32951** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD  
 QUIGLEY, MARK  
 503 SECOND AVENUE  
 MELBOURNE BEACH FL 32951** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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 another like empowered.

SIGNATURE:

*Gina Quigley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gina Quigley*

DATE

**3/12/02**  
 Daytime Phone #

**321 724  
 4570**

CR2E034 (9/01)