

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90120 034 \*\*\*150.00

**DOCUMENT # P01000038968**

1. Entity Name  
**KELLI & MELISSA'S PLAYTIME, INC.**



Principal Place of Business

~~12170 154TH ROAD NORTH~~  
~~JUPITER FL 33478~~

Mailing Address

~~12170 154TH ROAD NORTH~~  
~~JUPITER FL 33478~~

2. Principal Place of Business

**1449 Jupiter Park Dr.**

3. Mailing Address

**1449 Jupiter Park Dr.**

Suite, Apt. #, etc.

**Suite 18**

Suite, Apt. #, etc.

**Suite 18**

City & State

**JUPITER, FL**

City & State

**JUPITER, FL**

Zip

**33458**

Country

Zip

**33458**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-1105270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KELLEY, CRAIG I ESQ.**

~~1055 PALM BEACH LAKES BLVD.~~

~~SUITE 1012~~

**WEST PALM BEACH FL 33401**

Name

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

**1665 PALM BEACH LAKES BLVD**

**SUITE 1000**

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

**Craig I. Kelley**

**3/3/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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          | <b>D</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>THOMAS, KELLY</del>          |  |
| STREET ADDRESS | <del>12170 154TH ROAD NORTH</del> |  |
| CITY-ST-ZIP    | <del>JUPITER FL 33478</del>       |  |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>KELLEY, MELISSA</b>            |  |
| STREET ADDRESS | <del>6845 BIG CYPRESS DR.</del>   |  |
| CITY-ST-ZIP    | <b>JUPITER FL 33458</b>           |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          | <b>P, D, S</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                 |  |
| STREET ADDRESS | <b>908 N. LOXAHATCHEE DRIVE</b> |  |
| CITY-ST-ZIP    | <b>JUPITER, FL 33458</b>        |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

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

**Melissa Kelley, V.P.**

**3/3/03**

**561-744-3496**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)