


07-03  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P01000041408 <b>1. Entity Name</b> Player's Club Exchange, Inc	
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FILED  
03 JUL 10 PM 6:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 205 Egret Ct Suite, Apt. #, etc.	<b>3. Mailing Address</b> 205 Egret Ct Suite, Apt. #, etc.
City & State Altamonte, FL Zip 32701 Country USA	City & State Altamonte, FL Zip 32701 Country USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3714737	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name <u>Pete Greenwood</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>205 Egret Ct</u>	
	City <u>Altamonte</u> <u>FL</u>	Zip Code <u>32701</u>

**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 Pete Greenwood DATE 07/10/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Pete Greenwood</u> <u>205 Egret Ct</u> <u>Altamonte FL 32701</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>900021474959</u> <u>07/11/03--01017--008 **150.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.**

SIGNATURE: Pete Greenwood DATE 07/10/03 DAYTIME PHONE # 407-739-3623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P01000041408</u>			
1. Corporation Name <u>Player's Club Exchange, Inc</u>			
2. Principal Office Address <u>1670 Dunlap Dr</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1670 Dunlap Dr</u> Suite, Apt. #, etc.	
City & State <u>De Hona, FL</u> Zip <u>32725</u> Country <u>USA</u>		City & State <u>De Hona, FL</u> Zip <u>32725</u> Country <u>USA</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>04/24/2001</u>		5. FEI Number <u>59-3714737</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>Pete Greenwood</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>205 Egret Ct</u>			
Suite, Apt. #, Etc.			
City <u>Altamonte</u> State <u>FL</u> Zip Code <u>32701</u>			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <u>Pete Greenwood</u>		Date <u>07/10/03</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>Pete Greenwood</u>	<u>205 Egret Ct</u>	<u>Altamonte, FL 32701</u>
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <u>Pete Greenwood</u>		Date <u>07/10/03</u> Daytime Phone # <u>407-739-3623</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (10/02)

205 Egret CT  
Altamonte Springs, FL 32701

Player's Club Exchange, Inc.

July 10, 2003

Dear Sir or Madam:

As a new Florida corporation I was unaware of the mandatory filing of the UBR and never received the information in the mail as I should have. Per my conversation with the reinstatement department I am sending in my current UBR and reinstatement form as well as check# 1354 and check# 1355 for UBR's 2002 and 2003. Upon receiving this please reinstate my corporation as was discussed.

Sincerely,

Pete Greenwood  
President

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