

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90112 045 ***550.00

DOCUMENT # P01000072159

1. Entity Name
PLAYTIME LIMOUSINES INC.

Principal Place of Business

**19810 GULF BLVD #8
 INDIAN SHORES FL 33785**

Mailing Address

**19810 GULF BLVD #8
 INDIAN SHORES FL 33785**

2. Principal Place of Business

19810 GULF BLVD

Suite, Apt. #, etc.

B

City & State

Indian Shores FL

Zip

33785

Country

USA

3. Mailing Address

19810 GULF BLVD

Suite, Apt. #, etc.

B

City & State

Indian Shores FL

Zip

33785

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3733002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUKE, CURTIS E

19810 GULF BLVD #8

INDIAN SHORES FL 33785

7. Name and Address of New Registered Agent

Name

Curtis E. Luke

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

19810 GULF BLVD #8

City

Indian Shores

FL

Zip Code

33785

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

Curtis E. Luke

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/22/2002

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 **P** ☐ Delete
 NAME **LUKE, CURTIS E**
 STREET ADDRESS **19810 GULF BLVD #8**
 CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Curtis E. Luke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/02 (727) 204-4222

Date

Daytime Phone #

CR2E034 (9/01)