

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90134 006 ***150.00

DOCUMENT # P01000120602

1. Entity Name

FAMILY FUN RENTALS, INC.



Principal Place of Business

7798 CORNUCOPIA LN.
TALLAHASSEE FL 32309

Mailing Address

7798 CORNUCOPIA LN.
TALLAHASSEE FL 32309

2. Principal Place of Business

119 WOODLAND DR

3. Mailing Address

119 WOODLAND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MONTICELLO FL

City & State

MONTICELLO FL

Zip

32344

Country

Jefferson

Zip

32344

Country

Jefferson

4. FEI Number

04-3609123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, BETTY E
7798 CORNUCOPIA LN.
TALLAHASSEE FL 32309

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 *Betty E. Richards*

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 *President & CEO* ☐ Delete
NAME *LAURENCE D. RICHARDS*
STREET ADDRESS *119 WOODLAND DR*
CITY-ST-ZIP *MONTICELLO FL 32344*

TITLE *Sec. Treasurer* ☐ Delete
NAME *Betty E Richards*
STREET ADDRESS *119 Woodland DR*
CITY-ST-ZIP *MONTICELLO FL 32344*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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: *Laurence D. Richards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)