

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90129 011 ***158.75

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DOCUMENT # P02000000980

1. Entity Name
AMERICAN PARK & PLAY, INC.



Principal Place of Business
9861 W SAMPLE RD / #163
CORAL SPRINGS FL 33065

Mailing Address
9861 W SAMPLE RD / #163
CORAL SPRINGS FL 33065

11011690



2. Principal Place of Business

3. Mailing Address

12356 WILES ROAD

12356 WILES ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
03-0383940

Applied For
Not Applicable

Zip
33076

Country
USA

Zip
33076

Country
USA

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULBERTSON, BETH
9861 W SAMPLE RD / #163
CORAL SPRINGS FL 33065

Name
BETH CULBERTSON

Street Address (P.O. Box Number is Not Acceptable)
12356 WILES ROAD

City **CORAL SPRINGS** **FL** Zip Code **33076**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.22.03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CULBERTSON, BETH**
STREET ADDRESS **9861 W SAMPLE RD / #163**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **P** ☐ Change ☐ Addition
NAME **BETH CULBERTSON**
STREET ADDRESS **12356 WILES ROAD**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.03 / 954.345.8238
Date Daytime Phone #

CR2E034 (10/02)