## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 05, 2003 8:00 am Secretary of State

05-05-2003 90354 007 \*\*\*150.00

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1, Entity Name

FUN FUN FUN INC



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	DO NOT WRIT	E IN THIS	SPAC	)E		**************************************	14.4.			
2. Principal F 14984 R(	Place of Business DAN CT.	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	ie GTON, FL	City & State			4. FE	O1-0630199	Applied For Not Applicable			
Zip 33414	Country USA	Zip Country 5. Certificate of Status Desired		ertificate of Status Desired	\$8.75 Additional Fee Required					
<del></del>					7. Name and Address of Current Registered Agent					
DO NOT WRITE					Name RUTH ANN HOFFMAN Street Address (P.O. Box Number is Not Acceptable)					
City WELLINGTON, FL 334				Zio Code 33414						
	e named entity submits this statementions of registered agent.	for the purpose of chang	ging its register	red office or r	egistered ager	nt, or both, in the State of Florida.	I am famil	iar with, and accept		
SIGNATURE	i.		•			$\mathcal{A}_{i}$ (6)	٠.			
	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Register	ed Agent signature	required when reins	stating)	DATE			
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 [Payable to Florida Department	of State			:	Election Campaign Financin     Trust Fund Contribution.	g □	\$5.00 May Be Added to Fees		
10:		ID DIRECTORS				<del></del>	<del></del>			
TITLE RO	n .		TITL	E T						
NAME	The state of the s		NA).	·-						
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		STR	EET ADDRESS						
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY	/-ST-ZIP				<b>[</b> ]		

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Re January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Checil Payable to Florida Department of State OFFICERS AND DIRECTORS mre. ם 🕽 ĸ, NAME HOFFMAN, RUTH ANN 14984 ROAN CT. STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT WRITE CITY-ST-ZIP CITY-ST-7IP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITE F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby certify that the information supplied with this filling 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 appropriate with all other like empowered.

**RUTH ANN HOFFMAN** 

APRIL 29, 2003 (561) 791-0011

Daytime Phone #