

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90139 047 ***150.00

DOCUMENT # P02000046386

1. Entity Name
PLAYFUL BLESSING, INC.



Principal Place of Business
**2043 EVEREST STREET
DELTONA FL 32738**

Mailing Address
**2043 EVEREST STREET
DELTONA FL 32738**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **043569575**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

***FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SNYDER, STEPHANIE M 2043 EVEREST STREET DELTONA FL 32738	<input type="checkbox"/> Delete
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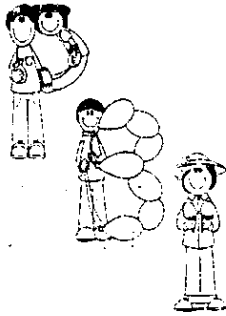
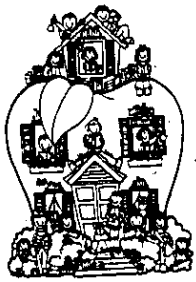
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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: **Stephanie M Snyder**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/03 **(386)860-2558**
Date Daytime Phone #

CR2E034 (4/03)



Playful

Attachment
Blessings

P02000046386
80145053
Inc.

Servicing Individuals Challenged with a Developmental or Physical Disability Providing
Skill-training in Residential & Community Integrative settings since 1995

Deltona, Florida 32738

(386) 871-9540

August 27, 2003

Playful Blessings Inc.
Mrs Stephanie Snyder
2043 Everest Street
Deltona, Florida 32738
1.386.871.9540

To Whom This May Concern:

PBI-Playful Blessings Inc recently became incorporated in 2002. PBI was required by Medicaid- Med Waiver to become incorporated to continue servicing our clients. The business was established three years ago, and we were considered self-employed. Due to the lack of corporate knowledge and ignorance to all the necessary legal aspect, Playful Blessings located a Lawyer Service through Spiegel & Utreager in Miami, Florida. It was their responsibility to serve reminders for documents, registrations, reports that are required annually. We hired these services to aide in keeping our corporation within the state and federal guidelines, so we could effectively serve our clients. We were unaware, and not informed that this was required in the beginning of the year, and do not recall receiving any notices until now. PBI apologizes for any inconvenience, and ask that we are excused and waived of the additional filing fees. We are aware and plan to file the first of January in the future.

Sincerely Grateful,

Stephanie Snyder
Stephanie Snyder - President