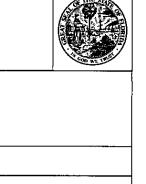
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P93000034957

1. Entity Name

## PLAY-IT-SAFE ENTERPRISES INCORPORATED



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

02-24-2003 90223 045 \*\*\*150.00

Principal Place of Business 15896 MELLEN LANE JUPITER FL 33478 US			Mailing Address 15896 MELLEN LANE JUPITER FL 33478 US						
2. Principal P	lace of Busir	ness	3. Mailing Address				) 1881/1887 (18 18/188 (1)))   80/11   80/11   80/11   80/11   80/11   80/11   80/11   80/11   80/11   80/11	ı	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State			City & State			4.	4. FEI Number 65-0409362 Applied For Not Applicable		
Zip Countr		Country	Zip Country		ntry	5.	Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Current	legistered Agent			7. Name and Address of New Registered Agent			
					Name				
ALTAMUR/			Street Address			ss (P.O. E	(P.O. Box Number is Not Acceptable)		
	LLEN LANE							_	
JUPITER F	L 33478								
					City		FL Zip Code		
the obligati SIGNATURE _	ons of regist	y submits this statement for ered agent.  or printed name of registered agent a			ed office or regi		einstating)  DATE	ot	
After	May 1, 200	! FEE IS \$150.00 13 Fee will be \$550.00 Florida Department of					9. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution.   Added to Fees	<b>)</b>	
	PD ALTAMURA, SUSAN PENLAND 15896 MELLEN LANE JUPITER FL 33478				ı	AL	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	-4:	
NAME STREET ADDRESS			☐ Delete	☐ Delete TITLE NAME STREE CITY-			☐ Change ☐ Addit	on	
STREET ADDRESS		AARCIA A MEDICI PL. ON FL 33433					☐ Change ☐ Addit	on	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete TITL NAM STRE			<del></del>	☐ Change ☐ Additi	nc		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l	,	☐ Change ☐ Additi	no	
ITLE IAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Additi	nc	
ITLE IAME STREET ADDRESS CITY-ST-ZIP  12. I hereby ce	ertify that the	information supplied with	☐ Delete  this filing does not qualify fo	CITY	E ET ADDRESS -ST-ZIP	Section	☐ Change ☐ Additi	n	

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

561-745.9444