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

## **DOCUMENT #**

P96000000662

1. Entity Name

THE PLAY STAY-TION, INC.



**FILED** Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90147 010 \*\*\*150.00

Principal Plac	e of Business		Mailin	g Address										
11629 SAN JO	ose blvd.		11629	SAN JOSE BLVD.										
SUITE 1			SUITE 1											
JACKSONVILLE FL 32223			JACKSONVILLE FL 32223						1 (1 <b>33</b> ) (1 <b>36</b> ) (1 <b>36</b> ) (137) (137) (137)		<b>48</b>     68  4			
2. Principal Place of Business				3. Mailing Address					1 18011981 110 10118 BILLI EBILI		l 1610) 68116	1)  1 1	1990 1900 1901	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
			<u> </u>											
City & State			City & State					4. FEI Number 59-3357692				Applied For		
												Not Applicable		
Zip	Zip Country		Zip Coun			try 5.		<b>5</b> . Ce	ertificate of Status Desired	. 🗆	\$8.75			
						In the second					Fee Re	quired		
	6. Name a	and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent								
							Name							
EVANS, MARGARET A				Stre			t Address (P.O. Box Number is Not Acceptable)							
2938 FRONT ROAD				Offeet Aut				see (i.e., sex righteen to right hoodplaste)						
JACKSONVILLE FL 32257														
					City									
The state of the s										F		Code	Ì	
		submits this statement for	r the purp	ose of changing its	reaister	ed office or	reaistere	d ager	nt, or both, in the State of	Florida. I an	n familiar v	with, a	nd accept	
	ions of registe				<b>J</b>			5 -	.,				•	
7	MIMI	midel Gall	<b>~</b>							2-5-	n ?		ļ	
SIGNATURE .	5777777777	printed name of registered agent a	<u> 8</u>	Keekle (MOT	. De aistesa	d Agent signatur			natoring)	<u>ي ري</u>	<u> </u>			
્રો કીર	Signature, typed of	printed name of registered agent a	and the mapp	INOTE	:: negistere	o Agent signatur	e required w	men rein:	istating)	DATE				
	FEE IS \$150.00				9. Election Campaign	Financing	¢	:5 Of	May Be					
After May 1, 2003 Fee will be \$550.00									Trust Fund Contribu	_			to Fees	
Make Check Payable to Florida Department of State														
10.		OFFICERS AND	DIRECTO	RS	11.			ADD	DITIONS/CHANGES TO O	FFICERS AN	ID DIREC	TORS	IN 11	
TITLE	DP			☐ Delete	TITL	Ε .					☐ Cha	nge	☐ Addition	
NAME	EVANS, MA				- NAM	Ε								
STREET ADDRESS				STRE										
CITY-ST-ZIP	JACKSONVILLE FL 32257			CIT										
TITLE	VP			☐ Delete	TITLI	E					☐ Cha	nge	Addition	
NAME	EVANS, JO	HN L			NAM	E							}	
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CITY-ST-ZIP	JACKSONV	ILLE FL 32257			CITY	-ST-ZIP								
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NAME Street Address				•	ET ADDRESS									
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12. I hereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #