

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90038 010 \*\*\*150.00

**DOCUMENT # P96000055266**

1. Entity Name

**CHILDREN'S SAFE PLAY CORP.**

Principal Place of Business

140 TOMAHAWK DRIVE  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

140 TOMAHAWK DRIVE  
INDIAN HARBOUR BEACH FL 32937-3519

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3386218**

Applied For

Not Applicable

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

**HARRIS, MIKE**  
**140 TOMAHAWK DR**  
**INDIAN HARBOUR BEACH FL 32937**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2000 Fee will be \$550.00****Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete

NAME **HABOVICK, JAMES JR.**  
 STREET ADDRESS **140 TOMAHAWK DRIVE**  
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **VD** ☐ Delete

NAME **HARRIS, MIKE**  
 STREET ADDRESS **140 TOMAHAWK DRIVE**  
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **SD** ☐ Delete

NAME **ROCQUE, SANDRA LEE**  
 STREET ADDRESS **140 TOMAHAWK DRIVE**  
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **TD** ☐ Delete

NAME **KENDIG, JAMES C**  
 STREET ADDRESS **140 TOMAHAWK DRIVE**  
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #