## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # P97000011329 May 22, 2000 8:00 am Secretary of State PLAYWORKS, INC. 05-22-2000 90039 035 \*\*\*150.00 Principal Place of Business Mailing Addréss 12541 66TH ST. N. 12541 66TH ST. N. LARGO FL, 33765-1307 LARGO FL 33773 2. Principal Place of Business 3. Máiling Address Lumot St. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number 59-3430938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIGGINS, WILLIAM R 3124 THOMAS ROAD **CLEARWATER FL 33759** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Higains, William 2078-B Calumer St. ☐ Delete TITLE TITLE NAME HIGGINS, WILLIAM NAME STREET ADDRESS STREET ADDRESS 3124 THOMAS RD CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33759 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ains, Lauren HIGGINS, LAUREN NAME 2018-B Calumet St. STREET ADDRESS STREET ADDRESS 3124 THOMAS RD CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 11 or Block 12 if