

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011329

1. Entity Name
PLAYWORKS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90182 012 ***150.00

Principal Place of Business
207-B CALUMET STREET
CLEARWATER FL 33765

Mailing Address
207-B CALUMET STREET
CLEARWATER FL 33765

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2078-B Calumet St.
Suite, Apt. #, etc.

3. Mailing Address
2078-B Calumet St.
Suite, Apt. #, etc.

City & State
Clearwater FL
Zip
33765
Country
USA

City & State
Clearwater FL
Zip
33765
Country
USA

4. FEI Number 59-3430938

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

HIGGINS, WILLIAM R
207-B CALUMET STREET
CLEARWATER FL 33765

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, 2001 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 P
NAME HIGGINS, WILLIAM
STREET ADDRESS 207-B CALUMET STREET
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE P
NAME Higgins, William
STREET ADDRESS 2078-B Calumet St.
CITY-ST-ZIP Clearwater FL 33765 ☐ Change ☐ Addition

TITLE V
NAME HIGGINS, LAUREN
STREET ADDRESS 207-B CALUMET STREET
CITY-ST-ZIP CLEARWATER FL 33765X ☐ Delete

TITLE V
NAME Higgins, Lauren
STREET ADDRESS 2078-B Calumet St.
CITY-ST-ZIP Clearwater FL 33765 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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

4-30-2001 727-442-5656
Date Daytime Phone #

CR2E034 (10/00)