

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91906 026 ***150.00

DOCUMENT # **P97000011329**

1. Entity Name

PLAYWORKS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

416 N. LINCOLN AVE

3. Mailing Address

PO BOX 6315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3430938

Applied For

Not Applicable

Zip

33755

Country

U.S.

Zip

33758-6315

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

William R. HIGGINS

Street Address (P.O. Box Number is Not Acceptable)

416 N. LINCOLN AVE

City

CLEARWATER

FL

Zip Code

33755

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P
NAME	HIGGINS, WILLIAM
STREET ADDRESS	416 N. LINCOLN AVE
CITY - ST - ZIP	CLEARWATER FL 33755
TITLE	V
NAME	HIGGINS, LAUREN
STREET ADDRESS	416 N. LINCOLN AVE
CITY - ST - ZIP	CLEARWATER FL 33755
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lauren Higgins

4-30-03

727-442-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)