

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

07-31-2003 90065 043 *****61.25

P97000062376

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -5 PM 3:47

DOCUMENT # P97000062376

1. Entity Name

Sani-Play, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5335 Jessamine Lane

3. Mailing Address
5335 Jessamine

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number 593460283

Applied For

Not Applicable

Zip
32839

Country
USA

Zip
32839

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Patrick M. Magill, Esquire

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

1234 East Concord Street

City Orlando

FL

Zip Code
32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Pres./Sect./Treas./Director
Martha D. Wyatt
5335 Jessamine Ln., Orlando, FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President
Thomas Everett Mitchell
5335 Jessamine Ln., Orlando, FL 32839

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martha D. Wyatt

Martha D. Wyatt

5/20/03

(407) 851-5817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200348 (12/02)

8/5
aw