

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055365

1. Entity Name

GAMES FOR LESS OF FLORIDA, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90150 007 ***150.00

Principal Place of Business	Mailing Address
3539 APALACHEE PKWY. UNIT 2 1210 D CAPITAL CIR. S.E. delete TALLAHASSEE FL 32311	10511 CASANOVA DR. TALLAHASSEE FL 32311-8163

2. Principal Place of Business	3. Mailing Address
3539 Apalachee pkway Suite, Apt. #, etc. # B	Suite, Apt. #, etc.
City & State Tallahassee, FL	City & State
Zip 32311	Country Leon



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0842602	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
DIAL, GEORGE MADISON 10511 CASANOVA DR. TALLAHASSEE FL 32311	
7. Name and Address of New Registered Agent	
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 _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADISON, GEORGE D 10511 CASANOVA DR TALLAHASSEE FL 32311 <i>correct middle last name to George Madison</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George Madison Dyal 10511 casanova Drive Tallahassee, FL 32311 <i>Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete George Madison Dyal	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
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]* **SIGNATURE REQUIRED** 1/12/00 850-878-9928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)