

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055045

1. Entity Name

PLAYTIME BOATS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90030 027 ***150.00

Principal Place of Business

Mailing Address

624 SW 3RD TERR
CAPE CORAL FL 33990

624 SW 3RD TERR
CAPE CORAL FL 33991-1973



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

714 PINE ISLAND RD SW 714 PINE ISLAND RD SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BFC

BFC

City & State

City & State

CAPE CORAL, FL CAPE CORAL, FL

Zip

Country

Zip

Country

33991

USA

33991

USA

4. FEI Number

65-0929472

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

Name

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

City

FL

Zip Code

PALMER, CINDY G
624 SW 3RD TERR
CAPE CORAL FL 33990

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PALMER, CINDY G
624 SW 3RD TERR
CAPE CORAL FL 33990

☐ Delete

TITLE
NAME
STREET ADDRESS
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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:

Cindy Palmer / CINDY PALMER 4/17/00 941-772-2271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)