

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000082710**1. Entity Name  
PLAYTIME EXPRESS, INC.

## Principal Place of Business

2551 DREW ST.  
STE #104  
CLEARWATER FL  
33765

## Mailing Address

111 N. NIMBUS AVE  
CLEARWATER FL  
337653130

## 2. Principal Place of Business

2141 MAIN STREET

## 3. Mailing Address

Suite, Apt. #, etc.  
SUITE A & B

Suite, Apt. #, etc.

## City &amp; State

DUNEDIN FL

## City &amp; State

## 4. FEI Number

59-3649110

Applied For

Not Applicable

Zip  
34698

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MARQUARDT J. MATTHEW  
625 CT. STREET, STE. 200CLEARWATER FL  
33756 US

## 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 \_\_\_\_\_ 04/28/2001

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	PASIERB MICHELLE	
STREET ADDRESS	111 N. NIMBUS AVE.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASIERB MICHAEL J	
STREET ADDRESS	111 N. NIMBUS AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASIERB MICHELLE L	
STREET ADDRESS	111 NORTH NIMBUS AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: MICHAEL J. PASIERB**

V

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)