2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jun 04, 2002 8:00 am Secretary of State

DOCUMENT # P99000082710 05-14-2002 90056 015 ***150.00 1. Entity Name PLAYTIME EXPRESS, INC. Principal Place of Business Mailing Address 2141 MAIN STREET 111 N. NUMBUS AVE SUITE A & B CLEARWATER FL 33765-3130 91460 **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address MOIN SH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State 4. FEI Number Applied For 59-3649110 Zip Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent. MARQUARDT, J. MATTHEW (9*1*0≤S Street Address (P.O. Box Number is Not Acceptable) 625 CT. STREET, STE. 200 **CLEARWATER FL 33758** 8. The above named entity submits this statement for the purpose of changing its registered office or registered SIGNATURE title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE **Delete** NAME (9/01) PASIERB, MICHELLE L ☐ Addition Nonto VonLondmishor NAME STREET ADDRESS 111 NORTH NIMBUS AVENUE South Dine Cit. STREET ADDRESS CITY-ST-ZIP CR2E034 CLEARWATER FL 33765 CITY-ST-ZIP TITLE TITLE O Delete NAME Change ☐ Addition PASIERB. MICHAEL J NAME STREET ADDRESS 111 N. NIMBUS AVENUE STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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