## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P99000082710 **DOCUMENT #**

1. Entity Name

PLAYTIME EXPRESS, INC.



## **FILED** Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90252 020 \*\*\*150.00

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2. Principal Place of Business				SUF	TE A & B			1					
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Zip Country Zip Country Set Co	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent  GROSS, ALAN BANK OF AMERICA TOWER ONE PROGRESS PLAZA' SUITE 1210  SANT PETERSBURG FL 33701  6. The acover named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with,	City & State				City & State				5953649110				
GROSS, ALAN BANK OF AMERICA TOWER ONE PROCRESS PLAZA* SUTTE 1210  SAINT PETERSBURG FL 33701  City FL Zip Code  City FL Z	Zip			ıtry Zip Cou									
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code  6. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with and accept the obligations of registered agent.  SIGNATURE:  SIGNATURE:  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.		6. Name a	and Address of Current	Registere	d Agent								
BANK OF AMERICA TOWER ONE PROGRESS PLAZÁ: SUITE 1210 -SANT PETERSBURG FL 33701  City  FL  Zip Code  City  Addition  City  FL  Zip Code  City  FL													
ONE PROGRESS PLAZA - SUITE 1210SAINT PETERSBURG FL 33701  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fam liar with, and accept the obligations of registered agent.  SIGNATURE    Signature Appeals agent and after in applicable.   DIOTE Registered Agent agent as recursed when retriseable).   DATE    FILE, NOW]!!, FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Floridal Department of State   Agent Raya   DIRECTORS   TILE   SIGNATURE   Delete   TILE   NAME   SOUTH FINE CIRCLE   Delete   TILE   NAME   SIRET ADDRESS   CITY-S1-2P   TILE   NAME   Delete   TILE   NAME   SIRET ADDRESS   CITY-S1-2P   Change   Addition   Addit	The state of the s				Street Address			ddress (F	P.O. Box Number is Not Acceptable)				
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	L	ertify that the i	information supplied with	this filing	does not qualify for			ed in Soc	ction 119 07/31/0	Florida Statutes I furthe	or certify t	hat the in	formation

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**