

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000085346**

1. Entity Name

Kids Play, Inc.

Principal Place of Business

Mailing Address

475 E. Hall Rd.

SAME

Merritt Island, FL 32953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3603078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 AUG 31 PM 3:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Fuchs Lawrence M.
590 Royal Palm Beach Blvd.
West Palm Beach, FL 33411**

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

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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **David Yates**
STREET ADDRESS **475 East Hall Rd.**
CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE **500004572315** ☐ Change ☐ Addition
NAME **-09/06/01--01047--017**
STREET ADDRESS ******150.00 ****150.00**
CITY-ST-ZIP

TITLE **Vice President** ☐ Delete
NAME **Renee Yates**
STREET ADDRESS **475 East Hall Rd.**
CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **David A. Yates**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-01 321-454-4406

Date

Daytime Phone #

SP

CR2E034 (11/00)