

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90062 049 ***150.00

DOCUMENT # P99000107718

1. Entity Name

INFLATABLE FUN, INC.

Principal Place of Business

Mailing Address

P.O. BOX 657
 HIGHLAND CITY FL 33846

P.O. BOX 657
 HIGHLAND CITY FL 33846

2. Principal Place of Business

4227 S. April Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 657

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland FL

City & State

Highland City FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

33813-4191 USA

Zip

Country

33846-0657 USA

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

PLAYER, TIMOTHY M SR.
4227 S. APRIL STREET
LAKELAND FL 33813-4191

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.
 (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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **President**
 STREET ADDRESS **Timothy Player, Sr.**
 CITY-ST-ZIP **4227 S. April St.**
Lakeland, FL 33813

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **V/T/S**
 STREET ADDRESS **Kimberly Player**
 CITY-ST-ZIP **4227 S. April St.**
Lakeland, FL 33813

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

Kimberly Player

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

Date

823-1648-1536

Daytime Phone #