

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000027965

FILED
Feb 18, 2002 8:00 AM
Secretary of State

Entity Name: SAFETY PLAY SYSTEMS, INC.

Current Principal Place of Business:

19050 GLADES ROAD
PORT ST LUCIE, FL 34987

New Principal Place of Business:

19050 GLADES CUT-OFF ROAD
PORT ST. LUCIE, FL 34987

Current Mailing Address:

POST OFFICE BOX 13296
FT PIERCE, FL 34979

New Mailing Address:

PO BOX 13296
FT PIERCE, FL 34979

FEI Number: 59-3502887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DANIEL
19050 GLADES ROAD
PORT ST. LUCIE, FL 34987 US

Name and Address of New Registered Agent:

WILSON, DANIEL J
19050 GLADES CUT-OFF ROAD
PORT ST. LUCIE, FL 34987

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: DANIEL J WILSON

02/18/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERREIRA, THOMAS
Address: 19050 GLADES ROAD
City-St-Zip: PORT ST LUCIE, FL 34987

Title: SD () Delete
Name: FRATES, RICHARD
Address: 19050 GLADES ROAD
City-St-Zip: PORT ST LUCIE, FL 34987

Title: TD () Delete
Name: WILSON, DANIEL J
Address: 19050 GLADES ROAD
City-St-Zip: PORT ST LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FERREIRA, THOMAS
Address: 19050 GLADES CUT-OFF ROAD
City-St-Zip: PORT ST LUCIE, FL 34987

Title: SD (X) Change () Addition
Name: FRATES, RICHARD
Address: 19050 GLADES CUT-OFF ROAD
City-St-Zip: PORT ST LUCIE, FL 34987

Title: TD (X) Change () Addition
Name: WILSON, DANIEL J
Address: 19050 GLADES CUT-OFF ROAD
City-St-Zip: PORT ST LUCIE, FL 34987

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J WILSON

TD

02/18/2002

Electronic Signature of Signing Officer or Director

Date