


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0146601 AB

DOCUMENT # F01000001877

1. Entity Name
SPORTEXE CONSTRUCTION SERVICES, INC.



FILED
03 DEC 16 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
237 BOLING INDUSTRIAL WAY
CALHOUN GA 30701

Mailing Address
237 BOLING INDUSTRIAL WAY
CALHOUN GA 30701

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City, State

City & State

Zip Country Zip Country



REINSTATEMENT 03
 CHECK HERE IF MAKING CHANGES *MRB*

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **12/15/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	NICHOLLS, MARK H	
STREET ADDRESS	19 MADISON CT E	
CITY-ST-ZIP	WELLAND, ONTARIO CA L36- 7G3	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIMPSON, JOSEPH JR	
STREET ADDRESS	3038 PINEHURST DR	
CITY-ST-ZIP	LAKE WORTH FL 33467-1414	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUERGER, RALPH D	
STREET ADDRESS	49 ALLAN DR	
CITY-ST-ZIP	ST-CATHERINES, ONTARIO CA L2-N1G1	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

400024296414
10/30/03--01073--007 *\$550.00
400024296414
12/29/03--01010--008 **200.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Oct. 23/03 (800) 892-6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (4/03)