

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003294

FILED  
Jan 14, 2004  
Secretary of State

Entity Name: PROFESSIONAL BASEBALL UMPIRE CORP.

**Current Principal Place of Business:**

201 BAYSHORE DR., SE  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

201 BAYSHORE DR., SE  
ST PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 59-3485243      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

POLEY, D. SCOTT  
201 BAYSHORE DRIVE SE  
ST PETERSBURG, FL 33701      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOORE, MIKE  
Address: 201 BAYSHORE DRIVE S.E.  
City-St-Zip: ST PETERSBURG, FL

Title: VT ( ) Delete  
Name: O'CONNOR, PAT  
Address: 201 BAYSHORE DRIVE S.E.  
City-St-Zip: ST PETERSBURG, FL

Title: S ( ) Delete  
Name: POLEY, D. SCOTT  
Address: 201 BAYSHORE DRIVE SE  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: D.SCOTT POLEY

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01/14/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date