

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000365

1. Entity Name

PRO SPORTS & SPINE, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State
 03-16-2001 90063 048 ***150.00

0085197

Principal Place of Business 1485 37TH STREET SUITE 101 VERO BEACH FL 32960	Mailing Address 1485 37TH STREET SUITE 101 VERO BEACH FL 32960
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2. Principal Place of Business 1355 37th Street Suite, Apt. #, etc. Suite 301 City & State Vero Beach, FL Zip 32960	3. Mailing Address 1355 37th Street Suite, Apt. #, etc. Suite 301 City & State Vero Beach, FL Zip 32960
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DO NOT WRITE IN THIS SPACE

4. FEJ Number 45-0968857	Applied For ☐	Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent SPRINKLE, PHILIP M II PHILLIPS POINT, EAST TOWER 777 SOUTH FLAGLER DR., SUITE 900 WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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, 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNICKI, PETER G 11840 SEAVIEW DRIVE VERO BEACH FL 32963 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, JOHNNY C 1820 WATERFORD DRIVE #2 VERO BEACH FL 32966 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 261 Amy Ann Lane Vero Beach, Florida, 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [Signature] PRESIDENT 1/29/01 561-978-7808
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)