

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90047 019 ***150.00

DOCUMENT # P98000104830

1. Entity Name
ATHLETE'S NETWORK, INC.

Principal Place of Business Mailing Address
2075 WEST FIRST STREET #203 **2075 WEST FIRST STREET #203**
FORT MYERS FL 33901 **FORT MYERS FL 33901-3100**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
GARGANO, ANTHONY J
2075 WEST FIRST ST
SUITE #203
FORT MYERS FL 33901



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
65-0945528

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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.

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

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	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARGANO, ANTHONY J	NAME	
STREET ADDRESS	2075 WEST FIRST ST SUITE #203	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEILE, DAVID P	NAME	
STREET ADDRESS	1653 KENSINGTON CT	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHETTE, III, LISTON D	NAME	
STREET ADDRESS	2075 WEST FIRST ST SUITE #203	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, CRAIG P	NAME	
STREET ADDRESS	12951 SUITE 6 METRO PKWY	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Anthony J Gargano Adrian J Gargano 4-4-00 941-337-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)