

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 419159

1. Entity Name

STADIUM JUMPING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

305 S. Magnolia Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2919

Suite, Apt. #, etc.

City & State

Tampa, FL 33606

City & State

Tampa, FL

Zip

33606

Country

USA

Zip

33601

Country

USA

4. FEI Number

59 1446980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mische, Eugene R.

Street Address (P.O. Box Number is Not Acceptable)

305 S. Magnolia Avenue

City

Tampa

FL

Zip Code

33606

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

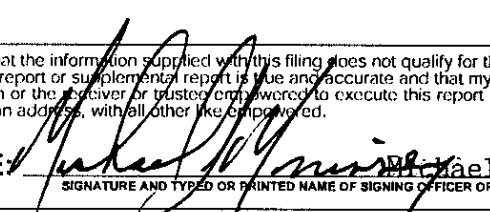
10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mische, Eugene R. P.O. Box 2919 Tampa, FL 33601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600005610996--4 -05/27/02--01004--003 ****550.00 ****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Morrissey, Patrick W. P.O. Box 2919 Tampa, FL 33601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Morrissey, Michael J. P.O. Box 2919 Tampa, FL 33601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gill, Harry R. P.O. Box 187 N/A Fairview Village, PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Michael J. Morrissey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/02

Date

561-793-5867

Daytime Phone

CR2E034B (12/01)