

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809438

1. Entity Name

SPEEDLINE ATHLETIC WEAR, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90035 015 ***150.00

Principal Place of Business

Mailing Address

1804 N HABANA AVE
TAMPA FL 33607

1804 N HABANA AVE
TAMPA FL 33607-3345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0603083

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75-Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALZONE, STEVEN J
12901 GULF CREST TERRACE
TAMPA FL 33624

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

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) ☐

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 VSD ☐ Delete
NAME MALZONE, DENIS Q
STREET ADDRESS 12413 STILLWATER TERR
CITY-ST-ZIP TAMPA FL

TITLE VSD ☒ Change ☐ Addition
NAME MALZONE, DENIS Q.
STREET ADDRESS 13631 TWIN LAKES LANE
CITY-ST-ZIP TAMPA, FL 33623

TITLE D ☐ Delete
NAME MALZONE, CHRISTINE
STREET ADDRESS 6835 S SHAMROCK ST
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PTD ☐ Delete
NAME MALZONE, STEVEN J
STREET ADDRESS 12901 GULFCREST TERR
CITY-ST-ZIP TAMPA FL

TITLE PTD ☒ Change ☐ Addition
NAME MALZONE, STEVEN J.
STREET ADDRESS 4205 HARTWOOD LANE
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1:03:14 (9/99)