

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001774 AT

DOCUMENT # **A97000002114**

1. Entity Name
HNS SPORTS GROUP, LTD.



FILED

03 MAR 31 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**11780 U.S. HIGHWAY #1, SUITE 400
NORTH PALM BEACH FL 33408**

Mailing Address
**11780 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408**

2. Principal Place of Business
11780 U.S. Highway One

3. Mailing Address

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.

City & State
North Palm Beach, FL

City & State

Zip Country
33408 USA

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0783826**

Applied For
Not Applicable

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

**FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions
as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000059739**
NAME **HNS SPORTS GROUP, INC.**
STREET ADDRESS **11780 U.S. HIGHWAY #1, SUITE 400**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE