

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0146601 AB

DOCUMENT # F01000001877



1. Entity Name
SPORTEXE CONSTRUCTION SERVICES, INC.

FILED

03 DEC 16 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
237 BOLING INDUSTRIAL WAY
CALHOUN GA 30701

Mailing Address
237 BOLING INDUSTRIAL WAY
CALHOUN GA 30701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

City & State

Country

Zip

Country

REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2662478

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/15/2003

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
NICHOLLS, MARK H
19 MADISON CT E
WELLAND, ONTARIO CA L36- 7G3 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SIMPSON, JOSEPH JR
3038 PINEHURST DR
LAKE WORTH FL 33467-1414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400024296414
10/30/03--01073--007 *\$550.00 ☐ Change ☐ Addition
400024296414
12/29/03--01010--008 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BUERGER, RALPH D
49 ALLAN DR
ST CATHERINES, ONTARIO CA L2-N1G1 ☐ Delete

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

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STREET ADDRESS
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Oct. 23/03 (800) 892-6011

CR2E034 (4/03)