

02-63
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # F01000005446

1. Entity Name
J&J BOWLING, DBA SPORTS CITY

03 APR -9 AM 7:36

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4805 GULF BLVD

Suite, Apt. #, etc.

3. Mailing Address

4805 GULF BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST PETE BEACH

City & State

ST PETE BEACH

4. FEI Number

31-1356505

Applied For

Not Applicable

Zip

33706

Country

PINELLAS

Zip

33706

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOHN JOHNSTON**

Street Address (P.O. Box Number is Not Acceptable)
9651 TARA CAY CT

City **SEMINOLE**

FL Zip Code **33776**

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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PRESIDENT**

NAME **JOHN J JOHNSTON**

STREET ADDRESS **9651 TARA CAY CT**

CITY - ST - ZIP **SEMINOLE, FL 33776**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

CITY - ST - ZIP

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 on an attachment with an address with all other like empowered.

SIGNATURE: *John Johnston* **JOHN JOHNSTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

Date

727-517-3686

Daytime Phone #

CR2E034B (12/02)

20 4/10