## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # F9600000  1. Entity Name	··		05-05-2003 91149 037 ***150.00		
THOSS SPORTING GOODS,	INC.				
DOINGT WINE INITIAL COACE WAS A STREET			JU171007		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3761-A COVERNMENT BIV	3. Mailing Address	מעבאיי פוער			
Suite, Apt. #, etc.	761-A GOVERNMENT BLVD 3761-A GOVERNMENT BLVD Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State City & State MOBILE, AL MOBILE, AL		·	4. FEI Number 63-0767087	Applied For Not Applicable	
Zip Country 36693 MOBILE	Zíp Cou	untry BILE	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
DO NOT WRITE IN T			Name and Address of Current Re		
i podrživa (i podržava pravina i urbija i pravina i prav		Name DANTET.	MOOTEN		
	DANIEL WOOTEN  Street Address (P.O. Box Number is Not Acceptable) 28 EASTON ST.				
Analysis we to have not specially because the second of th	e produktiva produktiva produktiva. Produktiva produktiva produktiva				
	City		FL Zip Code 32533		
8. The above named entity submits this statemed and accept the obligations of registered agen	ent for the purpose of changing its	<del></del>			
SIGNATURE Signature, typed or printed name of regi	istered agent and title if applicable,	(NOTE: Registered Ag	ent signature required when reinstating)	DATE	
January 1. May 1 Fee is \$150.00 After May 17 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of		.,	Election Campaign Financi     Trust Fund Contribution.	ng \$5.00 May Be Added to Fees	
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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 on an attachment with an address, with all other like empowered.

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STF FL32381F.1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

CR2E034B (12/02)