

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # **G15385**

1. Entity Name
INTERNATIONAL SPORTS SURFACES, INC.

FILED

00 SEP 14 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1478 LAKEVIEW DR
TARPON SPRINGS FL 34689**

Mailing Address
**1478 LAKEVIEW DR
TARPON SPRINGS FL 34689**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

TARPON SPRINGS FL

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2276738**

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

**MCCARDLE, SHIRLEY R
1478 LAKEVIEW DR.
TARPON SPRINGS FL 34689**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** Delete
NAME **MCCARDLE, R SHIRLEY**
STREET ADDRESS **1478 LAKEVIEW DR.**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE Change Addition
NAME **500003417525-2**
STREET ADDRESS **-10/06/00--01115--026**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE **TD** Delete
NAME **MCCARDLE, SHIRLEY R**
STREET ADDRESS **1478 LAKEVIEW DR.**
CITY-ST-ZIP **TARPON SPGS FL**

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
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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: **R. SHIRLEY MCCARDLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-00 727-9371790
Date Daytime Phone #

CR2E034 (5/00)



INTERNATIONAL SPORTS SURFACES, INC.

42080 Live Oak Street
Tarpon Springs, FL 34689
727-937-1790
FAX 727-942-4893
Toll Free 1-877-425-6555

SEPTEMBER 6, 2000

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA. 32302-1500

DEAR SIRs,

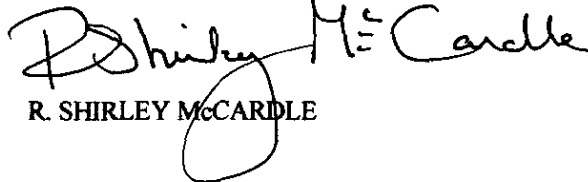
I AM WRITING TO ASK IF YOU WILL ACCEPT MY CHECK FOR \$150.00 FOR 2000 UNIFORM BUSINESS REPORT ?.

MY HUSBAND PASSED AWAY, THEN MY SON GOT HIT IN A HIT AND RUN. ALL THREE OF US WORKED TO KEEP OUR COMPANY RUNNING. SINCE THESE TERRIBLE THINGS HAPPENED I HAVE BEEN TRYING TO RUN THE BUSINESS BY MYSELF, AND, ALSO LOOKING AFTER MY SON, WHO WILL NEVER MAKE A COMPLETE RECOVERY. I AM PAYING ATTENTION TO MY BUSINESS ONCE MORE AS IT IS MY ONLY MEANS OF LIVELYHOOD.

IF YOU COULD CONCEDE TO HELP ME THIS TIME, I PROMISE YOU I WILL NOT BE REMISS IN THE FUTURE.

PLEASE LET ME KNOW OF YOUR DECISION.

THANKING YOU SINCERELY


R. SHIRLEY McCARDLE

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