## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 26, 2002 8:00 am Secretary of State

03-26-2002 90011 033 \*\*\*150.00

| DOCUI  1. Entity Nam  |                                       | # н78005  |  | <b>、</b> )                         |   |   |  |   |               |
|---|---------------------------------------|---|--|------------------------------------|---|---|--|---|---------------|
| 1   | DON GI                                | JERCIO SPORT  | SALES, INC   |                                    |   |   |  |   |               |
| DO NOT WRITE IN THIS SPACE  |                                       |   |  |                                    |   | B0050389  |  |   |               |
| 2. Principal Place of Business  463 Meadow Lark Drive  Suite, Apt. #. etc.  3. Mailing Address  463 Meadow L  Suite, Apt. #, etc. |                                       |   |  |                                    | Drive   | DO NOT W  | RITE IN THIS SPA   | ACE   |               |
| City & State  |                                       |   | City & State   |                                    |   | 4. FEI Number Applied For   |  |   |               |
| Sarasota, FL  |                                       |   | Sarasota, FL   |                                    |   | 16-1112015  |  | Not Applicable                              |               |
| Zlp<br>3 4  | 4236                                  | Country USA   | Zip<br>34236   | Country<br>U.S                     | SA !  | <ol> <li>Certificate of Status Desired</li> </ol>   |  | 3.75 Additional a Required                  |               |
| and party the   | · · · · · · · · · · · · · · · · · · · | , 19 m  |  | Nam                                |   | Name and Address of Curre   | ent Registered A   | gent  |               |
| DO NOT WRITE  |                                       |   |  |                                    | McGINNESS, W. LEE Street Address (P.O. Box Number is Not Acceptable) 1800 Second Street |   |  |   |               |
|   |                                       |   |  |                                    |   |   |  |   | IN THIS SPACE |
|   |                                       |   |  | City                               |   |   | FL   | Zip Code<br>3 4 2 3 6                       |               |
| The above named entity submits this statement for the purpose of changing its registere   |                                       |   |  |                                    |   | asota<br>agent, or both, in the State of  |  | 34236                                       |               |
| •   |                                       |   |  | _                                  | -   | -   |  |   |               |
| SIGNATURE _   | Signature, typed                      | or printed name of registered agent an                        | d title if applicable. (NOTE                               | . Registered Agent 5               | ignature required who   | en reinstating)   | DATE   |   |               |
|   |                                       |   | January 1 - M  |                                    |   |   |  |   |               |
| Tax filing requirement and elects to do so.  After May 1, Fee Amended UBR   |                                       |   |  |                                    | 0.00  | 10. Election Campaign Trust Fund Contribu   |  | \$5.00 May Be<br>Added to Fees              |               |
| (See criteria on back)  |                                       |   | Make Check Payable to Department of St                     |                                    |   |   |  | 70000 10 1 003                              |               |
| 11.   | P                                     | OFFICERS AND D  | IRECTORS   | 71712                              |   |   |  |   |               |
| TITLE<br>NAME   | GUEF                                  | CIO, DONALD   | С.   | TITLE<br>NAME - 1 - 1              |   |   |  |   |               |
| STREET ADDRESS 463 Meadow Lark  |                                       |   | Drive SIREEL ADDRESS                                       |                                    |   |   |  | • [   |               |
| CITY-SI-ZIP   |                                       | sota, FL 3  | 4236   | CITY-ST-ZIP                        |   |   |  |   |               |
| TITLE<br>NAME   | VST<br>GUER                           | CIO, SUZANN   | E M.   | TITLE<br>NAME                      |   |   |  |   |               |
| STREET ADDRESS  | 463                                   | Meadow Lark   | Drive STREETADDRESS  |                                    |   |   |  |   |               |
| CITY - ST - ZIP   | Sara                                  | isota, FL 3   | 4236   | CITY ST-ZIP                        | : .   |   |  |   |               |
| ITTLE -   |                                       |   | 2  | PNAME TO T                         | rational man  | araman Levis Land and the second  | ***  | ء پو پر                                     |               |
| STREET ADDRESS  |                                       |   | •  | STREET ADDRE                       | SS  | DO NOT  | . WRIT   | <b>=</b>                                    |               |
| CITY-SY-ZIP   |                                       | · · · · · · · · · · · · · · · · · · ·                         |  | CHY-STEXIP                         | <del>-    -                                 </del>                                      |   |  |   |               |
| NAME  |                                       |   |  | NAME                               |   | IN THIS   | SPAC   |   |               |
| STREET ADDRESS  |                                       |   |  | STREET ADDRE                       | SS .  |   |  |   |               |
| CHY-ST-ZIP  |                                       |   |  | TITLE                              |   |   | <del></del>  |   |               |
| TITLE<br>NAME   |                                       |   |  | NAME :                             |   |   |  |   |               |
| STREET ADDRESS  |                                       |   |  | STREET ADDRE                       | SS  | •   |  |   |               |
| TITLE   |                                       |   |  | CHY-SI-ZIP<br>TITLE                | -   | · · · · · · · · · · · · · · · · · · ·   | :  |   |               |
| FIAME   |                                       |   |  | NAME.                              |   |   |  |   |               |
| STREET ADDRESS  |                                       |   |  | STREET ADDRE                       | iss   |   |  |   |               |
| CHY-ST-ZIP  | ortify these the                      | information counting with the                                 | his filing done not availed for                            | CHY-ST-ZIP                         | etstod in Social  | nn 110 (17/2)(3) Florida St   | s. I further com   | In at the interesting                       |               |
| indicated of the corp   | on this repor<br>poration or th       | t or supplemental report is to<br>ne receiver or trustee empo | rue and accurate and that m<br>wered to execute this repor | ny signature sha<br>Las required b | all have the san<br>by Chapter 607.   | on 119.07(3)(i), Florida Statute<br>ne legal effect as if made und<br>Florida Statutes; and that my | a. Fruither certify<br>ar oath; that I am<br>name appears in | an officer or director<br>Block 11 or on an |               |

3.12.02