

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90022 005 \*\*\*158.75

**DOCUMENT # J03787**

1. Entity Name

**GULFSHORE SPORT STORE, INC.**

Principal Place of Business

Mailing Address

C/O KATHY MCKENNA  
 7686 - 49TH STREET NORTH  
 PINELLAS PARK FL 33781  
 US

C/O KATHY MCKENNA  
 7686 - 49TH STREET NORTH  
 PINELLAS PARK FL 33781-3438  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2048214**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

00001330



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKENNA, MIKE**  
**7900 9TH AVE. SOUTH**  
**ST. PETERSBURG FL 33707**

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 <sup>error</sup> Michael A. McKenna Michael A. McKenna 1/4/99  
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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

| 11. OFFICERS AND DIRECTORS |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCKENNA, MICHAEL A.</b>      | NAME  |   |
| STREET ADDRESS             | <b>7686 49TH ST. NO</b>         | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>PINELLAS PARK FL</b>         | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ST</b>                       | NAME  |   |
| STREET ADDRESS             | <b>MCKENNA, KATHY A.</b>        | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>7686 49TH STREET NORTH</b>   | CITY-ST-ZIP   |   |
|                            | <b>PINELLAS PARK FL</b>         |   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
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| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | 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: Michael A. McKenna Michael A. McKenna 1/4/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 (727) 541-6488

CR2E034 (9/99)