

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44848

1. Entity Name

GREGG-UNITED SPORTS, INC.

Principal Place of Business

P.O. BOX 970008
BOCA RATON FL 33497-0008

Mailing Address

P.O. BOX 970008
BOCA RATON FL 33497-0008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ETKIND, MARK
5931 NW 58TH LN
FT LAUDERDALE FL 33319

4945 NW 92nd AVE
SURFIDE, FL 33351

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 \$150.00
After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BUSCH, JILL	
STREET ADDRESS	10279 SUNSET BEND DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	ETHEL, ETKIND	
STREET ADDRESS	10279 SUNSET BEND DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ETKIND, MITCH	
STREET ADDRESS	10279 SUNSET BEND DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-05-2001 90008 016 ***150.00

K44848

FILED

01 JUL 30 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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GREGG UNITED SPORTS, INC

PO BOX 97008

BOCA RATON, FL 33497-0008

PHONE & FAX 561 487-0450

JULY 26, 2001

DIVISION OF CORPORATIONS

REFERENCE NUMBER K44848

ENCLOSED IS A COPY OF YOUR LATE FEE LETTER.
I PAID THE \$150.00.

GREGG UNITED SPORTS IS A ONE MAN BUSINESS, RUN
BY ME, MITCH ETKIND. DUE TO CIRCUMSTANCES BEYOND
MY CONTROL, I HAVE BEEN UNABLE TO TAKE CARE OF
MY COMPANY PROPERLY. I AM 83 YEARS OLD. I HAVE BEEN
IN AND OUT OF HOSPITALS FOR THE PAST 6 MONTHS FOR
VARIOUS ILLNESSES. I AM NOW BEING TREATED FOR CANCER.

NORMALLY, WE PAY OUR TAXES ON TIME. PLEASE WAIVE
THE LATE FEE.

GREGG UNITED SPORTS



MITCH ETKIND, PRES.