

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90880 028 ***150.00

DOCUMENT # K64172
1. Entity Name
SPORTS BITES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O NEIL S SCHECHT	3. Mailing Address C/O NEIL S SCHECHT
Suite, Apt. #, etc. 2909 W BAY TO BAY BLVD	Suite, Apt. #, etc. 2909 W BAY TO BAY BLVD
City & State TAMPA FL	City & State TAMPA FL

DO NOT WRITE IN THIS SPACE

Zip 33629-8100	Country US	Zip 33629-8100	Country US
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4. FEI Number 65-0100503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name NEIL S SCHECHT
Street Address (P.O. Box Number is Not Acceptable) 3426 W KENNEDY BLVD
City TAMPA
State FL
Zip Code 33609

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 _____ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCZYNSKI, CAROLE 14565 EAGLE RIDGE DR FT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHER, ELLEN 14770 SOARING EAGLE CT FT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Carole Garczynski* **GAROLE GARCZYNSKI** 4-29-02
239-768-2156

CR2E034B (12/01)