## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

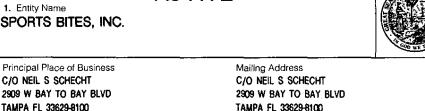
K64172

SPORTS BITES, INC.

2. Principal Place of Business

C/O NEIL S SCHECHT

3426 W KENNEDY BLVD TAMPA FL 33609



TAMPA FL 33629-8100 US

3. Mailing Address

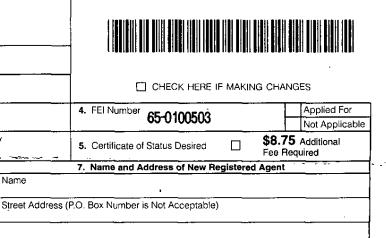
Zip

	<u></u>
Suite, Apt. #, etc.`	Suite, Apt. #, etc.
City & State	City & State

6. Name and Address of Current Registered Agent

Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90877 001 \*\*\*\*75.00 04-14-2003 90877 002 \*\*\*\*75.00



8.	The above named entity submits this statement for the purpose of changing its registered	ed office or registered agent, or both, in the State of Florida.	am familiar with, and accept
	the obligations of registered agent.		

City

Country

SIGNATURE

Zip

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TITLE X Change Addition DΡ GARCZYNSKI, CAROLE NAME NAME GARCZYNSKI, CAROLE STREET ADDRESS 14565 EAGLE RIDGE DR STREET ADDRESS 14565 EAGLE RIDGE DR FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete TITLE TITLE DSTV. \* Change ☐ Addition NAME WERLEY, ELLEN NAME MOSHER, ELLEN STREET ADDRESS 14770 SOARING EAGLE CT STREET ADDRESS 14770 SOARING EAGLE CT CITY-ST-ZIP FORT\_MYERS\_FL\_33912 CITY-ST-ZIP FORT MYERS FL 33912 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7IP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #