

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90145 031 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # *K69646*

1. Entity Name

Sport & Leisure International, Inc.
2060 Mar

Principal Place of Business

Mailing Address

2060 Marilyn Str. D-233
Clearwater, FL 33765

2. Principal Place of Business

3. Mailing Address

2060 Marilyn Str.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-233

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33765

USA

4. FEI Number

Not Applicable

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Wadid Moussa
2060 Marilyn Street D-233
Clearwater, FL 33765

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

Wadid Moussa

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

(NOTE: Registered Agent signature required when reinstating)

4-22-2000

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

TITLE ☐ Delete
NAME *President*
STREET ADDRESS *Harald Clausen*
CITY-ST-ZIP *2060 Marilyn Str. D-233*
Clearwater, FL 33765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *Vice-President*
STREET ADDRESS *WADID MOUSSA*
CITY-ST-ZIP *2060 Marilyn Str. D-233*
Clearwater, FL 33765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Wadid Moussa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-2000 (727) 461-0270

CR2E034 (9/99)