2003 FOR PROFIT CORPORATION

FILED Apr 07, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** K98028 DOCUMENT # 1. Entity Name 04-07-2003 90994 030 ***150.00 MULTI-SPORT, INC. Principal Place of Business Mailing Address 6077 ĞLENDALE DR. 6077 GLENDALE DR. **BOCA RATON FL 33433 BOCA RATON FL 33433** IIS. 2. Principal Place of Business 1415 James .0.1/20x 1165 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0128130 In Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOREMAN, CATHERINE Street Address (P.O. Box Number is Not Acceptable) 7211 WEST CYPRESSHEAD DRIVE PARKLAND FL 33067 City 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. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE □ Delete TITLE GURNEY, KENNETH W., JR. NAME NAME 1415 James Bay Road 6077 GLENDALE DR STREET ADDRESS STREET ADDRESS Palm Beach Gordens, PC 33480 **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP DST □ Delete TITLE TITLE **GURNEY, MARGARET** NAME NAME 1415 Tames Bay Road 6077 GLENDALE DR STREET ADDRESS STREET ADDRESS Palm Beach 9 **BOCA RATON FL** -CITY-ST-ZIP CITY-ST-ZII ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 e

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition