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

## L04113 **DOCUMENT #**

1. Entity Name MADISON SPORTING GOODS, INC.



## Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90983 017 \*\*\*150.00

Principal Place 201 S. RANGE MADISON FL 3.	STREET	201 S.	Mailing Address 201 S. RANGE STREET MADISON FL 32340							
2. Principal P	ace of Business	3. Mai	3. Mailing Address			1 100   104   011 00 FFF   01 AB	II, DIOM OIDII B i	IKII BIBI DI	\$   1  1     <b> 5</b>	
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			 □ CHECK HERE IF MAKING CHANGES				
City & State	3	City	City & State			El Number <b>59-2963898</b>	Applied For Not Applicable			
Zip Country		Zip		Country	5. (	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
<del></del>	6. Name and Address of	Current Registere	d Agent	<del></del>	-7 <sup>-</sup> N	lame and Address of New Reg	1			
SOWELL, F 201 SOUTH MADISON I	Street Addres	ss (P.O. Bo	ox Number is Not Acceptable)	FL	Zip Coo	de				
	named entity submits this sta ons of registered agent.					ent, or both, in the State of Florio	!	niliar with	, and accept	
After	0.00 \$550.00 treent of State	i ogsatiou Agont argizitatori req		Election Campaign Finan     Trust Fund Contribution.	1 -		00 May Be d to Fees			
10.		ERS AND DIRECTO	RS	11,	AD	DITIONS/CHANGES TO OFFICE				
NAME STREET ADDRESS	PD Sowell, Richard A. 201 S. Range St. Madison Fl		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	Addition	
NAME STREET ADDRESS	STD SOWELL, ANNETTE M. 201 S. RANGE ST. MADISON FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		119.07(3)(i), Florida Statutes. I fu		Change	☐ Addition	

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: