

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M74337

1. Entity Name

SPORTS UNLIMITED ATHLETIC SUPPLIES, INC.

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90012 007 \*\*\*150.00

0072202 AV

Principal Place of Business

4281 TENTH AVENUE, NORTH  
 LAKE WORTH FL 33461

Mailing Address

C/O BARRY ROUSE  
 4122 POT O' GOLD STREET  
 W PALM BEACH FL 33406

00073144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4281 10th Ave North  
 Lake worth, FL  
 33461

4. FEI Number 65-0037966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSE, BARRY  
 611 ARLINGTON DRIVE  
 WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

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

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

(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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROUSE, BARRY	
STREET ADDRESS	4122 POT O' GOLD ST.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rouse, Barry	
STREET ADDRESS	611 Arlington Drive	
CITY-ST-ZIP	West Palm Beach FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

*Barry D. Rouse*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

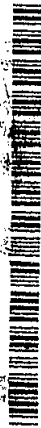
8/1/01 (561) 967-2751  
 Date Daytime Phone #

CP2E034 (5/01)

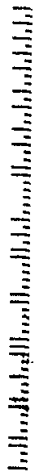


FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314



TO: 0072202 AV \*\*AUTO 13 1 1297 33406-391222



M74337

SPORTS UNLIMITED ATHLETIC SUPPLIES, INC.  
C/O BARRY ROUSE  
4122 POT O' GOLD STREET  
W PALM BEACH FL 33406-3912

In correct  
Address



FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS

44721

Attachment Doc# M74337  
C0075144

SPORTS UNLIMITED *Attachment*  
ATHLETIC SUPPLIES, INC. D/B/A *# M74337*  
BARRY'S T'S & TROPHIES *CO05144*

August 2, 2001

Division Of Corporations  
P.O. Box 1500  
Tallahassee, FL 32301-1500

To whom it may concern:

SUBJECT: ADDRESS UNCHANGED

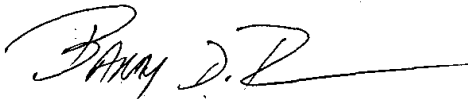
After talking with one of your representatives today, I was informed to write this letter of concern and explanation as to my payment of \$150.00 rather than the payment of \$550.00.

The reason for my lateness is due to the fact that the mailing address on the front of the form is incorrect. I have not been at the address of 4122 Pot O' Gold Street for more than 3 years. I have indeed tried to change the mailing address but for some reason it was not been changed in your computers. If you will notice my new personal address has been changed in box #6 yet in box #11 you still have my old address. This has resulted in my not getting the form. For some reason I received this form last week without any address correction labels or changes in my address. I have sent you a copy of this showing my old address of 3 years ago but without any changes on it for the mail to come to my correct address. I have no idea as to how it got mailed to my current address without proper identification but I believe that is why I did not receive the first notice to pay \$150.00.

Please accept my payment of \$150.00 in concurrence with one of your representatives who told me to mail in this amount with letter of explanation.

If you have any questions do not hesitate to contact me.

Sincerely,



Barry-D. Rouse  
President