2002	2 UNII	FORM BUS	NESS REPO		(UBK).	F	- - - - - - - - - - - - - - - - - - -	00219009	1 017 **	***61.25	
DOCUMENT # NO000007841  1. Entity Name  TAMPA YOUTH SPORTS TRAINING, INC.							21 PH 2:	N0000	0000784		
						X	ARY OF STA	_			
Principal Plac	ce of Business		Mailing Address			TALLAHAS	SSEE, FLOF	RIDA			
BO3 TURTLE RIVER CT PLANT CITY FL 33567		803 TURTLE RIVER CT PLANT CITY FL 33567									
2. Principal F	Place of Busine	268	3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPA	ACE		_
City & Stat	te		City & State		W - W - W - W - W - W - W - W - W - W -	4. FEI Number 59-3696336		Applied For Not Applicable			
Zip		Country	Zip	Cou	ıntıy	5. Certificate of Sta	tus Desired		B.75 Add		
	6. Name	and Address of Current	L Registered Agent		Name	7. Name and Addr	ess of New Reg				
PARRINO, ANTHONY J 9887 FOURTH STREET NORTHH STE 200						s (P.O. Box Number is N	ot Acceptable)				1
						•					-
ST PETER	RSBURG FL 3	33702			City		<u></u>	FL	Zip Code	<del></del>	
	named entity	aubalta this statement for			<u> </u>				L		1
			rtne purpose of changing its	register	ed office or regis:	tered agent, or both, in the	he State of Florid	ga. Familian	niliar with,	апо ассері	1
the obliga	tions of registe		rtne purpose of changing its	registere	ed office or regis	lered agent, or both, in the	he State of Florid	ya. ≀aumian	niliar with,	апа ассерт	
the obliga SIGNATURE	•			-	ed office or regis	· ·	he State of Florid	DATE	niliar with,	and accept	
SIGNATURE	Signature, typed of	ered agent.		Registere	d Agent signature requi	· ·	Make		Payable	 to	
SIGNATURE	Signature, typed of	ored agent.  or printed name of registered agent is granted agent in the printed name of registered agent in the printed agent in the p	and the if applicable. (NOT 9. Election Car Trust Fund (	Registere	d Agent signature requi	(red when reinstating)	Make De	DATE • Check f partment	Payable of State	to	
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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 617, 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: SIGNATURE: SIGNATURE: SIGNATURE: