2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

07-23-2003 90060 007 ****61.25

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[redacted]

DOCUMENT # N02000000722

1. Entity Name

CENTRAL FLORIDA BOMB SQUAD BASEBALL, INC.

Principal Place of Business	Mailing Address
C/O LEE A SILER 627 ESTATES PLACE LONGWOOD FL 32779	C/O LEE A SILER 627 ESTATES PLACE LONGWOOD FL 32779

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3598460 ☐ 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
SILER, LEE A C/O LEE A SILER 627 ESTATES PLACE LONGWOOD FL 32779	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	SILER, LEE A	NAME	Michael Dydo
STREET ADDRESS	627 ESTAES PLACE	STREET ADDRESS	2302 Babbitt Ave.
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	Orlando, FL 32833
TITLE	VD ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	BARTH, JAMES	NAME	Barry Stakowiak
STREET ADDRESS	1214 SUNSHINE TREE BLVD	STREET ADDRESS	380 Cypress Knee Ln.
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SILER, DORA L	NAME	
STREET ADDRESS	627 ESTATES PLACE	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	GILMORE, ALBERT C III	NAME	
STREET ADDRESS	505 PRESTON RD	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	GLETTER, DAVID	NAME	
STREET ADDRESS	1347 W LAKE COLONY DR	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (4/03)

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: X SIGNATURE REQUIRED 7-11-03 (407) 830-7809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #