

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90090 039 *****61.25

DOCUMENT # N03000000269

1. Entity Name
SPORTS MOBILITY SOLUTIONS FOUNDATION, INC.



Principal Place of Business
**3401 SOUTH BEACH DRIVE
TAMPA, FL 33629**

Mailing Address
**3401 SOUTH BEACH DRIVE
TAMPA, FL 33629**

DO NOT WRITE IN THIS SPACE



02182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1168028

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERKMAN, MONROE E
3401 SOUTH BEACH DRIVE
TAMPA, FL 33629**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	D PRESIDENT BERKMAN, MONROE E
STREET ADDRESS	3401 SOUTH BEACH DRIVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE NAME	D CEO STULER, KEITH
STREET ADDRESS	7301 N HAVENHILL ROAD 10 LEXINGTON LANE E.
CITY-ST-ZIP	WEST PALM BEACH, FL 33411 PALM BEACH GARDENS FL. 33418
TITLE NAME	D ERB, JIM
STREET ADDRESS	ONE N DALE MABRY STE 100
CITY-ST-ZIP	TAMPA, FL 33609
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Monroe E. Berkman **MONROE E. BERKMAN**

4/26/05 (813) 835-6390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #