2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N16526

FILED Mar 18, 2003 Secretary of State

Entity Name: FLORIDA PROFESSIONAL PADDLESPORTS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
P O BOX [*] ARCADIA,	1764 , FL 34265	US		
Surrent N	lailing Addr	ess:	New Mailing Addre	ess:
P O BOX 1 ARCADIA,	1764 , FL 34265	US		
El Number	: 65-0078530	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
2816 N.Ŵ. ARCADIA,	REBECCA A . COUNTY R , FL 34266	OAD 661 US		
				rad office or registered agent or both
	e named entit e of Florida.	y submits this statement for the	purpose of changing its registe	red office of registered agent, or both,
n the State	e of Florida.	y submits this statement for the	purpose of changing its registe	red office of registered agent, of both,
n the State	e of Florida. RE:	y submits this statement for the onlic Signature of Registered Ag		Date
n the State	e of Florida. RE:	onic Signature of Registered Ag	ent	
n the State	e of Florida. RE: Electr S AND DIRE S GOLDSMITH	onic Signature of Registered Ag CTORS: () Delete , SHERRI INSYLVANIA AVE	ent	Date
n the State BIGNATUI DFFICER: ittle: lame: .ddress:	e of Florida. RE: Electr S AND DIRE S GOLDSMITH 20336 E PEN DUNNELLON T WOOD, JIM P BOX 592	onic Signature of Registered Ag CTORS: () Delete , SHERRI INSYLVANIA AVE	ent ADDITIONS/CHAN Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
n the State BIGNATUI DFFICER ittle: lame: ddress: itty-St-Zip: ittle: lame: ddress:	e of Florida. RE: Electr S AND DIRE S GOLDSMITH 20336 E PEN DUNNELLON T WOOD, JIM P BOX 592 HIGH SPRIN PD BRAGG, REI	onic Signature of Registered Age CTORS: () Delete , SHERRI INSYLVANIA AVE I, FL 34432 () Delete GS, FL 32655 () Delete BECCA ANN, OUNTY ROAD 661	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA A BRAGG PD 03/18/2003