

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90187 021 \*\*\*\*70.00

**DOCUMENT # N32935**

1. Entity Name

**TENNIS WITH A DIFFERENT SWING, INC.**

Principal Place of Business

% SHEILA BOLIN  
8505 W. IRLO BRONSON HWY  
KISSIMMEE FL 34747  
US

Mailing Address

% SHEILA BOLIN  
8505 W. IRLO BRONSON HWY  
KISSIMMEE FL 34747  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2968271**

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

**BOLIN, SHEILA**  
**8505 W. IRLO BRONSON WAY**  
**KISSIMMEE FL 34747**

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

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **BOLIN, SHEILA**  
STREET ADDRESS **2301 W BRYAN**  
CITY-ST-ZIP **KISSIMMEE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **BOLIN, SHIRLEY**  
STREET ADDRESS **2301 W BRYAN**  
CITY-ST-ZIP **KISSIMMEE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **COOPER, GLORIA**  
STREET ADDRESS **834 COMMONWEALTH COURT**  
CITY-ST-ZIP **CASSELBERRY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **KOCH, MARY ANN**  
STREET ADDRESS **8505 W. IRLO BRONSON PARKWAY**  
CITY-ST-ZIP **KISSIMMEE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **OSBORNE, WILLIAM G, ESQ**  
STREET ADDRESS **538 E. WASHINGTON ST**  
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **EVERS, DR MELVIN C**  
STREET ADDRESS **910 EMMETT ST**  
CITY-ST-ZIP **KISSIMMEE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SHEILA BOLIN, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/20/02 (407) 239-2292**

CR2E037 (9/01)