2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am § Secretary of State **DOCUMENT # N46818** 1. Entity Name 04-18-2002 90442 003 ****61.25 WELLSWOOD PONY BASEBALL, INC. Principal Place of Business Mailing Address 2127 W ML KING JR BLVD TONY SALADINO JR. TAMPA FL 33607 2906 W. OSBORNE AVE. **TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3102915 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent e Street Address (P.O. Box Number is Not Acceptable) SCAGLIONE, PETER JR 2127 W ML KING JR BLVD **TAMPA FL 33607** City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Director, P.P. (9/01) ☐ Addition ☐ Delete TITLE ☐ Change TITLE SALADINO, TONY JR. NAME NAME STREET ADDRESS 2906 W. OSBORNE AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33614 X Addition Vice Parsidut & Disector TITLE TITLE FERNANDEZ, ARTI NAME JACK M. Perez NAME STREET ADDRESS STREET ADDRESS 4407 N - B- ST 15112 Conton CITY-ST-ZIP. CITY_ST_ZIP_ TAMPA FL 33609 -🚺 Delete TITLE TTD TITLE NAME NAME OTERO, LEANN STREET ADDRESS 4104 OAKLAWN CT 4B-201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33603** Addition TITLE + Dieschoe ☐ Change TITLE STD ☐ Defete NAME NAME SALA DINO, HELEN STREET ADDRESS STREET ADDRESS 2906 W. OSBORNE AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614 ☐ Change TITLE TITLE ☐ Addition NAME SALADINO, GARY NAME STREET ADDRESS STREET ADDRESS 3105 W. JEAN ST CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS is now bake by

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP