2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

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Entity Name: BLAZERS SOFTBALL TEAM, INC.

Current Principal Place of Business:

72 SHADOWCREEK WAY
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

72 SHADOWCREEK WAY
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-3177526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, DOUGLAS E
72 SHADOWCREEK WAY
ORMOND BCH, FL 32127

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DST	(X) Delete
Name:	LANDORF, DUKE	
Address:	23 FOXFORDS CHASE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	DVP	( ) Delete
Name:	WILES, JACK	
Address:	6248 PALOMINO CIRCLE	
City-St-Zip:	PT ORANGE, FL 32127	
Title:	DP	( ) Delete
Name:	JOHNSON, DOUGLAS E	
Address:	72 SHADOWCREEK WAY	
City-St-Zip:	ORMOND BCH, FL 32174	
Title:	D	( ) Delete
Name:	LANDAU, IRWIN	
Address:	1450 W. GRANADA BLVD, SUITE 1	
City-St-Zip:	ORMOND BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DOUGLAS JOHNSON DP 04/29/2002
Electronic Signature of Signing Officer or Director — Date