2002 UNIFORM BUSINESS REPORT (UBR) FILED Jun 11, 2002 8:00 am DOCUMENT # N9800004106 Secretary of State 1. Entity Name S.W. FLORIDA ALL-STAR CHEERLEADERS, INC. 06-11-2002 90149 014 ****61.25 Principal Place of Business Mailing Address 6410 ARC WAY POST OFFICE BOX 61564 FORT MYERS FL 33912 FT. MYERS FL 33906-1564 2. Principal Place of Business 3. Mailing Address 6410 Arc 11 6410 Arc L Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0875856 Fort Muers Florida Not Applicable \$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 onnie Street Address (P.O. Box Number is Not Acceptable) GLATZ, CONNIE 3405 WINKLER AVE EXT. 3401 Winkler Ave. Ext. Apt. 114 **APT 203** FORT MYERS FL 33916-8406 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP (9/01)TITLE ☐ Delete TITLE Change ☐ Addition GLATZ, CONNIE NAME Glatz, Connie 3401 Winkler Ave Ext. Apt. 114 STREET ADDRESS P.O. BOX 61564 STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33906-1564 CITY-ST-ZIP Fort Myers, FL 33916-8406 D/VP/S TITLE 🔀 Delete TITI F **X** Addition Change BARTHEL, DONNA NAME Glatz, Tanya Ave. Ext. Apt. 114 3401 Winkler Ave. Ext. Apt. 114 NAME STREET ADDRESS 4816 MARINE DR. #1 STREET ADDRESS CITY-ST-ZIP Fort Myers, FL 33916-8406 CAPE CORAL FL 33904 CITY-ST-ZIP DS TITLE 🗶 Delete TITLE Change Addition Smith, Pamola 1906 N.E. 25th St. MEEKS, RICHARD NAME NAME STREET ADDRESS 3405 WINKLER AVE EX STREET ADDRESS Cape Coral, FL 33909 CITY-ST-ZIP CITY-ST-7IP FT MYERS FL 33906 TITLE **⊠** Delete TITLE Change ☐ Addition HAMLIN, LAURA NAME NAME STREET ADDRESS 144 SE 17 TERR STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33994 CITY-ST-ZIP-☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME

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 list empowered.

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

06/04/62 239-936-7079

Date Date Davine Phone #