

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008638

1. Entity Name

DAMAR SPORTS INC.

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90123 030 \*\*\*550.00

0612403

Principal Place of Business

Mailing Address

24212 WEST NEWBERRY RD.  
NEWBERRY FL 32669

24212 WEST NEWBERRY RD.  
NEWBERRY FL 32669

C0073321

2. Principal Place of Business

3. Mailing Address

DAMAR Sports  
Suite, Apt. #, etc.  
Box 4

24212 W. Newberry Rd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Newberry FLA  
Zip 32669 Country Alachua

4. FEI Number

59-3619631

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, DAVID  
25243 SW 16TH AVE.  
NEWBERRY FL 32669

7. Name and Address of New Registered Agent

Name David Rodriguez  
Street Address (P.O. Box Number is Not Acceptable)  
24212 West Newberry Road  
Box 4  
City Newberry FL Zip Code 32669

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	David Rodriguez	
STREET ADDRESS	25243 S.W. 16th Ave	
CITY-ST-ZIP	Newberry FL 32669	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	MARK HENSEN	
STREET ADDRESS	25314 SW 17th Ave	
CITY-ST-ZIP	Newberry FL 32669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Rodriguez

3/5/01

472-6814

Date

Daytime Phone #

CR2E034 (10/00)