

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 20, 2001 8:00 am
Secretary of State

09-20-2001 90001 012 ***550.00

A0086823

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P000000012791**

1. Entity Name
Player Connection, Inc.

Principal Place of Business
4830 W. Kennedy Blvd.
Suite 147
Tampa, FL 33609

Mailing Address
4830 W. Kennedy Blvd.
Suite 147
Tampa, FL 33609

2. Principal Place of Business
4830 W. Kennedy Blvd

3. Mailing Address
4830 W. Kennedy Blvd.

Suite, Apt. #, etc.
Suite 147

Suite, Apt. #, etc.
Suite 147

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33609

Country
USA

Zip
33609

Country

4. FEI Number
262-27-1435

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

John R. Newcomer, Jr., Esquire
4830 W. Kennedy Blvd., Suite 147
Tampa, FL 33609

7. Name and Address of New Registered Agent

Name
James Chester
 Street Address (P.O. Box Number is Not Acceptable)
4830 W. Kennedy Blvd., Suite 147
 City
Tampa **FL** Zip Code
33609

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME
James Chester
 STREET ADDRESS
18601 Avenue Monaco
 CITY-ST-ZIP
Tampa, FL 33549

TITLE
Vice President ☐ Delete
 NAME
Curtis Pope
 STREET ADDRESS
4348 Outrigger Lane
 CITY-ST-ZIP
Tampa, FL 33615

TITLE
Vice President ☐ Delete
 NAME
Casey Weldon
 STREET ADDRESS
4309 Place LeManes
 CITY-ST-ZIP
Lutz, FL 33549

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President, Secty, Treas. ☐ Change ☐ Addition
 NAME
James Chester
 STREET ADDRESS
4830 W. Kennedy Blvd., Suite 147
 CITY-ST-ZIP
Tampa, FL 33609

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (5/01)