

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90123 007 ***150.00

DOCUMENT # P00000018783



1. Entity Name
LIZARD SPORTS, INC.

Principal Place of Business
3101 STATE RD. 580
SAFETY HARBOR FL 34695

Mailing Address
3101 STATE RD. 580
SAFETY HARBOR FL 34695

2. Principal Place of Business
405 S. Duncan Avenue
Suite, Apt. #, etc.

3. Mailing Address
405 S. Duncan Avenue
Suite, Apt. #, etc.

City & State
Clearwater, Fl. 33755

City & State
Clearwater, Fl. 33755

4. FEI Number **59-3626306**

Applied For
Not Applicable

Zip **Country**

Zip **Country**

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

TOWNSEND, JAMES W
405 S. DUNCAN AVE.
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **TOWNSEND, JAMES W**
STREET ADDRESS **3101 STATE RD. 580**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **405 S. Duncan Avenue**
CITY-ST-ZIP **Clearwater, Fl 33755**

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

Daytime Phone #

CR2E034 (10/02)