

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90044 037 ***150.00

DOCUMENT # P000 000 32523

1. Entity Name

CJ's Dolphin Sports, Inc.

Principal Place of Business

Mailing Address

1221 SW Bayshore Blvd.
 Port St. Lucie, FL
 34983

1221 SW Bayshore Blvd.
 Port St. Lucie, FL
 34983

2. Principal Place of Business

900 NE Industrial Blvd.

3. Mailing Address

1340 NE Hillcrest Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 11

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

4. FEI Number

65-0997787

Applied For

Not Applicable

Zip

Country

34957

USA

Zip

Country

34957

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Christopher J. Schumer
 1221 SW Bayshore Blvd.
 Port St. Lucie, FL 34983

Name

Christopher J. Schumer

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

1340 NE Hillcrest Lane

City

Jensen Beach

FL

Zip Code
 34957

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Delete
NAME	Christopher J. Schumer	
STREET ADDRESS	1221 SW Bayshore Blvd.	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher J. Schumer	
STREET ADDRESS	1340 Hillcrest Lane	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. Schumer	
STREET ADDRESS	1340 Hillcrest Lane	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John W. Schumer	
STREET ADDRESS	5430 Running Oak Circle	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce K. Schumer	
STREET ADDRESS	5430 Running Oak Circle	
CITY-ST-ZIP	Stuart, FL 34997	
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		

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 #

4/26/01

561-334-9008

CR2E034 (11/00)