

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90053 046 ***158.75

DOCUMENT # P00000036105

1. Entity Name
SPORTS ONE AND COMPANY INC.

Principal Place of Business Mailing Address
3418 HANDY ROAD, STE 104 **3418 HANDY ROAD, STE 104**
TAMPA FL 33618 **TAMPA FL 33618**

2. Principal Place of Business 18844 N DALE MABRY HWY		3. Mailing Address 107 NE FIRST AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LUTZ, FL		City & State OCALA, FL	
Zip 33549	Country USA	Zip 34470	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FAIR, KEITH J 3418 HANDY ROAD, STE 104 TAMPA FL 33618		7. Name and Address of New Registered Agent Name FAIR, KEITH J Street Address (P.O. Box Number is Not Acceptable) 18844 N DALE MABRY HWY City LUTZ FL Zip Code 33549	
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D KEITH J FAIR 18844 N DALE MABRY HWY LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VP, D KEITH KULZER 18844 N DALE MABRY HWY LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P, D ANDRE CAROLLO 18844 N DALE MABRY HWY LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Keith Fair **KEITH FAIR** **3/22/01** **813-909-2121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)