2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 14, 2002 8:00 am P00000037103 DOCUMENT # **Secretary of State** 1. Entity Name GEAR SPORTS, INC. 03-14-2002 90021 033 ***150.00 Principal Place of Business Mailing Address 5419 PROVOST DRIVE 5419 PROVOST DRIVE HOLIDAY FL 34690 HOLIDAY FL 34690 2. Principal Place of Business 3. Mailing Address 1904 CALLMET ST 1904 CALLET ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE CLEARWATTR CLEARWATER City & State City & State 4. FEI Number Applied For 59-3645353 Not Applicable Zip 33745 Country Country \$8.75 Additional 33765 us. 5. Certificate of Status Desired us Fee Required 6. Name and Address of Current Registered Agent. --- 7. Name and Address of New Registered Agent RONALD VASSALLO FERNANDEZ, RONALD C Street Address (P.O. Box Number is Not Acceptable) 5419 PROVOST DRIVE HOLIDAY FL 34690 1904 CALUMET ST CLEARWATER 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 KONALA VASSALLO 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRES LCEO Delete TITLE Addition CR2E034 (9/01) ☐ Change Fernandez, Ronald C NAME BRIAN VASSALLY NAME 5419 PROVOST DRIVE 1904 CALUMET ST STREET ADDRESS STREET ADDRESS HOLIDAY FL 34690 33765 CITY-ST-ZIP CLEARWATER, FL CITY-ST-ZIP TITLE v.e ☐ Delete TITLE ☐ Change Addition RUBIN HIRSUTBERG 1904 CALLIMET ST NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33765 sel TREHI ☐ Delete TITLE ☐ Change Addition RONALO VASCALLÒ NAME NAME 1904 CARUMET ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33765 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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

727-442-2721