

2001 UNIFORM BUSINESS REPORT (UBR)

1/22/01 1/22

FILED
Mar 09, 2001 8:00 am
Secretary of State

01-22-2001 90089 043 ***150.00

DOCUMENT # P00000039150			
1. Entity Name PHAT GEAR UNLIMITED INC.			
Principal Place of Business 675 N.W. 88TH DR CORAL SPRINGS FL 33071		Mailing Address 675 N.W. 88TH DR CORAL SPRINGS FL 33071	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 650993009		Applied For Not Applicable	
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	
PETERS, RONELL T (ES) 1 POMPANO SQUARE POMPANO BEACH FL 33062		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.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. ☐		10. Election Campaign Financing Trust Fund Contribution. ☐	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETERS, RONELL T 675 N.W. 88TH DR CORAL SPRINGS FL 33071 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PETERS, RONELL T 675 N.W. 88TH DR CORAL SPRINGS FL 33071 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with any other like empowered.			
SIGNATURE: <u>Ronell Peters</u>		1/08/01 959 941 9693	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)