2001 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # P00000069717

1/12/0

## FILED Feb 09, 2001 8:00 am

Principal Place of Business  IMD CHERT FILL IN  IND CHERT FILL IN  TALLAMASSE FIL 2212  2. Principal Place of Business  Sulfa. Apit f. etc.  Sulfa. Apit f. etc.  Sulfa. Apit f. etc.  Sulfa. Apit f. etc.  Do NOT WRITE IN THIS SPACE  Set In Ambrow  S. Confector of States Desired  S. The Address of Current Registered Agent  Thinks. ALTO LEE JR  1600 CHERTY FILL IN  TALLAMASSEE FI. 32312  Do States  SIGNATURE  Sector Address of Confector of States Desired Agent  Thinks applied the States of Foods  S. Thinks above named entity exchange the states are registered agent of both in the States of Foods  S. Thinks applied the States of Foods  S. Thinks applie	SPORTS ALT	ro, INC.							•	of S	
Suite, Apt. 4, rate.    City & State   City & City & State   City & C	600 CHERRY HILL LI	N	1600 CHERRY HILL LN	<u> </u>							
Sulfa, Ap. 1, etc.    Coly 6, State   Coly 7,	2. Principal Place	ol Business	3. Mailing Address			_					
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Signature  6. Name and Address of Current Registered Agent  THOMAS, ALTO LEE JR.  1800 CHERRY HILL IN  TALLAHASSEE FI. 32312  City  City  City  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City	Suite, Apt. #, etc.		Suite, Apt. #, etc.	#, etc.			DO NOT WRITE IN THIS SPACE				
See of Additional   See   Se	City & State		City & State			4.					
S. Verification of South Covering  Fig. Regulated  S. Verification of South Covering  Fig. Supplies to address of Current Registered Agent  THOMAS, ALTO LEE UR  ISO CHERRY HILL IN  TALLAHASSEE R. 32312  City  FL  Zip Code  After Mark 11, 2001 Fee will be \$550.00  After Mark 11, 2001 Fee will be \$50	Zip	Country	Zip.	Count	trv	+	<del></del>	. 6		<del></del>	•
The above hand antity submits this statement for the purpose of changing its registered office or registered algent, or both, in the State of Florida.  CINY FL Zip Code  The above hand antity submits this statement for the purpose of changing its registered office or registered algent, or both, in the State of Florida.  CINATURE  System, typed a price came of registered egans wo lost a sportcom.  OATE Pregisteric Apart systems requisite members in the memory.  OATE  This corporation is eligible to satisfy its Intrangrible  After MAY 1, 2001 Fee will be \$500.00  Make Check Payable to Department of State  After MAY 1, 2001 Fee will be \$500.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS.  12. ADDITIONS/CHECKES TO OFFICERS AND DIRECTORS IN 11  IN IN INTERPRETATIONS.  OFFICERS AND DIRECTORS.  12. ADDITIONS/CHECKES TO OFFICERS AND DIRECTORS IN 11  IN IN INTERPRETATIONS.  OTT 51-2P  OBete:  INIE  NAME  STRET ADDRESS  OTT 51-2P  OBete:  INIE  OBete:  INIE  NAME  STRET ADDRESS  OTT 51-2P  OBete:  INIE  OBETE:  OTT 51-2P  OBET						_ 5.	Certificate of Status Desired				
THOMAS, ALTO LEE JR 1800 CHERRY HILL IN TALIAHASSEE R. 32312    City   FL   Zip Code	6.	Name and Address of Current Re	egistered Agent			7.	Name and Address of New Regis	tered Ag	ent		]
Sircert Address (P. U. Sox Number is Not Acceptable)   Sircert Address (P. U. Sox Number is Not Acceptable)   City   FL   Zip Code					Name						7
City FL Zip Code  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.  GNATURE  Symaus, types of prince name of registered office or registered agent, or both. In the State of Florida.  This corporation is erigible to satisfy its intangfole Tax filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax Filing adjulement and efacts to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check P				-	Street Address	(P.O.	P.O. Sox Number is Not Acceptable)				9
IGNATURE Symbol in 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.  IGNATURE Symbol in the Symbol in the Florida in the Florida in the Florida in the Florida in Book in In of Block 12 if Change or on an attachment with an addition, with all other like empowered.  IGNATURE Symbol in the Florida State of Florida Statutes, in the Florida in Block 11 of Block 12 if Change or on an attachment with an addition, and in the Florida in Block 11 of Block 12 if Change or on an attachment with an addition, and in the Florida Statutes, and that my remer appears in Block 11 of Block 12 if Change or on an attachment with an addition.  IGNATURE Symbol in the Florida Statutes, and that my remer appears in Block 11 of Block 12 if Change or on an attachment with an addition.  IGNATURE Symbol in the Florida Statutes,	TALLAHAS					`				]	
Signature:				ĺ	City			FL	Zip Co	de	
Compared	9. This corporation Tax filing require	is eligible to satisfy its Intangible ment and elects to do so.	FILE NOW! After MAY 1, 200	!! FEE	IS \$150.00 will be \$550.00		10. Election Campaign Financi	 ng _	\$5.0 Adde	00 May Be	
THE President, C.E.O. Change   Addition   Make   Alto Thomas, Jr.   Addition	· · · · · · · · · · · · · · · · · · ·				epartment of St				· .		_
NAME REFLADORESS TY-ST-ZIP  REFLADORESS TY-ST-ZIP  REFLADORESS TY-ST-ZIP  REFLADORESS TY-ST-ZIP  REFLADORESS TY-ST-ZIP  REFLADORESS TREFLADORESS TY-ST-ZIP  The Delete TITLE Thange Addition TREFLADORESS TREFLADORES		OFFICERS AND DI	<del></del>		TPm		<del></del>				10
NAME REFLADORESS TY-ST-ZIP  REFLADORESS TY-ST-ZIP  REFLADORESS TY-ST-ZIP  REFLADORESS TY-ST-ZIP  REFLADORESS TY-ST-ZIP  REFLADORESS TREFLADORESS TY-ST-ZIP  The Delete TITLE Thange Addition TREFLADORESS TREFLADORES	NME REET ADDRESS	en en en en en en	Ueiac	NAME STREE	: A1 Etadoress   16	tō 00	Thomas, Jr. Cherry Hill Lane	<del></del> -			034 (10/0
MAME  MEET ADDRESS  ITY-ST-ZIP  TEE  Delete  TITLE  NAME  STREET ADDRESS  ITY-ST-ZIP  LE  Delete  ITTLE  NAME  STREET ADDRESS  ITY-ST-ZIP  LE  Delete  ITTLE  NAME  STREET ADDRESS  ITY-ST-ZIP  LE  Delete  ITTLE  NAME  STREET ADDRESS  ITY-ST-ZIP  LE  NAME  STREET ADDRESS  CITY-ST-ZIP  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  Addition  Change  Addition  Ad	FLE AME REET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS					Addition	CRZE
NAME STREET ADDRESS Y-ST-ZIP    Delete   TITLE   Change   Addition	me Reet address		Delaia	NAME STREE	T ADDRESS			[	Change	☐ Addition	
ME REEI ADDRESS Y-S1-ZIP  Delete  IITLE NAME STREET ADDRESS CITY-S1-ZIP  Change Addition  NAME STREET ADDRESS CITY-S1-ZIP  LE  NAME STREET ADDRESS Y-S1-ZIP  Change Addition  NAME STREET ADDRESS CITY-S1-ZIP  I hereby certify that the information supplied with this filling 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.	ME ~ REET ADDRESS		☐ Delete	NAME STREE	T ADDRESS			,	Change	Addition	-   
ME REET ADDRESS Y-S1-ZIP  I hereby certify that the information supplied with this filling 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.	ME REET ADDRESS		☐ Celete	NAME STREE	T ADDRESS	_			Change .	☐ Addition	1   
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.	ME REET ADDRESS		☐ Delete	NAME STREE	7 ADDRESS				] Change	☐ Addition	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Daytime Phone II	of the corporation changed, or on a	n or the receiver or trustee empowers an attachment with an address, with	ored to execute this report and all other like empowered.	as require	ed by Chapter 60	ection same 7, Flor	ida Statutes; and that my name app	ears in B	Nock 11 o " (	r Block 12 if	