

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90058 017 ***150.00

DOCUMENT # P00000070912

1. Entity Name
MY GOLF TEE, INC.

Principal Place of Business
**10205 FLEETWOOD DRIVE
 TAMPA FL 33612**

Mailing Address
**10205 FLEETWOOD DRIVE
 TAMPA FL 33612**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**2095 Sunset Pt. Rd.
 Suite, Apt. #, etc. #2503**

3. Mailing Address
**2095 Sunset Pt. Rd.
 Suite, Apt. #, etc. #2503**

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip Country
33765 Pinellas

Zip Country
33765 Pinellas

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

**STUCK, JAMES H JR
 10205 FLEETWOOD DRIVE
 TAMPA FL 33612**

Name

Street Address (P.O. Box Number is Not Acceptable)
2095 Sunset Pt Rd #2503

City **Clearwater** FL Zip Code **33765**

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 **D** ☐ Delete
 NAME **STUCK, JAMES H JR**
 STREET ADDRESS **10205 FLEETWOOD DRIVE**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☒ Change ☐ Addition
 NAME **2095 Sunset Pt Rd #2503**
 STREET ADDRESS **Clearwater, FL 33765**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LEWIS, BEAU R**
 STREET ADDRESS **2095 SUNSET PT RD #2503**
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 #

727 442-7161

CR2E034 (10/00)