FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 12 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000073099

1. Entity Name

PERSONAL GOLF INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4003 W. DR MLK BLVD	4003 W. DR MLK BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33614 Country:	Zip: 33614 Country:

4. FEI Number: 59-3666549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: ARTHUR DRAGOTTA

Street Address (P.O. Box Number is Not Acceptable): 4617 CLOVERLAWN DR.

City: TAMPA **FL** Zip Code: 33624

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] ARTHUR DRAGOTTA 9/3/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	ARTHUR DRAGOTTA
STREET ADDRESS	4617 CLOVER LAWN DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	000007808330--0
NAME	-09/17/02--01065--019
STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ARTHUR DRAGOTTA 9/3/02 813-872-1915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 9/12/02

Attachment
P00000073099

To Whom It May Concern:

While going thru some expenses with my accountant last week, he asked why I didn't pay this. I told him I didn't know of it.

I called your hotline this morning and explained my situation. I spend alot of time traveling out of town. When I set up the corporation I had my home address on the corporate papers. I have since got a business address. I believe the report was sent to my home address and wife may have thrown out.

The person on your hot line suggested I write this note, download your form, and send in the $150.00.

Sorry for any delay.

Thanks, Arthur Dragotta

Arthur Dragotta