## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 07, 2002 8:00 am DOCUMENT # P00000086996 **Secretary of State** 1. Entity Name 03-07-2002 90064 031 \*\*\*150.00 GMT SPORT WATCHES, INC. Principal Place of Business Mailing Address 4156 CENTRAL SARASOTA PKWY 4156 CENTRAL SARASOTA PKWY 509319 **APT 822 APT 822** SARASOTA FL 34238 SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1039140 Not Applicable - Zip-Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARETIN! SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA FL 34236 se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for # SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE Change FRANCESCO ARETINI 4156 CENTRAL SARASOTA PKWY NAME NAME aretini, deirdre f STREET ADDRESS STREET ADDRESS 4156 CENTRAL SARASOTA PKWY APT #822 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 SARASOTA,FL TITLE ☐ Delete TITLE □ Change Addition ۷P NAME NAME ARETINI, FRANCESCO STREET ADDRESS STREET ADDRESS 4156 CENTRAL SARASOTA PKWY #822 CITY-ST-ZIP CITY-ST-ZIP SARASOTA.FL.34238 TITLE X Delete TITLE ☐ Change ☐ Addition NAME DONOVAN, JOHN F NAME STREET ADDRESS STREET ADDRESS 4156 CENTRAL SARASOTA PKWY # 822 CITY-ST-ZIP CITY-ST-ZIF SARASOTA FL 34238 TITLE ☐ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qual fry for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am an officer or director fort as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and accurate a of the corporation or the receiver or trustee empowered to execute the changed, or on an attachment with an address, with all other like emp