

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90013 001 ***550.00

DOCUMENT # P01000027829

1. Entity Name
WEST SIDE CHEERSPORTS, INC.

Principal Place of Business
2400 JOHIO BAY DRIVE
OCOEE FL 34761

Mailing Address
2400 JOHIO BAY DRIVE
OCOEE FL 34761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3713820

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FULMER, GREGORY
2400 JOHIO BAY DRIVE
OCOEE FL 34761

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Gregory Fulmer*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/4/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 <input type="checkbox"/> Delete
NAME	BLANKENSHIP, ROSE
STREET ADDRESS	836 CROOKED CREEK DR
CITY-ST-ZIP	OCOEE FL 34761
TITLE	D <input type="checkbox"/> Delete
NAME	BLANKENSHIP, STEVE
STREET ADDRESS	836 CROOKED CREEK DR
CITY-ST-ZIP	OCOEE FL 34761
TITLE	D <input type="checkbox"/> Delete
NAME	FULMER, AMY
STREET ADDRESS	2400 JOHIO BAY DR
CITY-ST-ZIP	OCOEE FL 34761
TITLE	D <input type="checkbox"/> Delete
NAME	FULMER, GREG
STREET ADDRESS	2400 JOHIO BAY DR
CITY-ST-ZIP	OCOEE FL 34761
TITLE	D <input type="checkbox"/> Delete
NAME	PELT, DEBORAH
STREET ADDRESS	111 MINNESOTA AVE
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gregory Fulmer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/02 **407-654-9209**
 Date Daytime Phone #

CR2E034 (4/02)