

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000076632

1. Entity Name
PONDKINGS SPORTS & ENTERTAINMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 22 AM 8:00

Principal Place of Business
255 FOREST LAKES BLVD
OLDSMAR, FL 34677

Mailing Address
255 FOREST LAKES BLVD
OLDSMAR, FL 34677

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3735629

Applied For

Not Applicable

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

BUBLEY & BUBLEY, P.A.
3820 NORTHDAL BLVD STE 312B
TAMPA, FL 33624

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BEAUDIN, LINDA M
STREET ADDRESS 316 LAKE PLACID CT.
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D ☐ Delete
NAME ~~BEAUDIN, LINDA M~~
STREET ADDRESS 316 LAKE PLACID CT.
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D ☒ Delete
NAME BEAUDIN, DAVID W
STREET ADDRESS 8219 SALINO BAY LOOP, #11015
CITY-ST-ZIP TAMPA, FL 33635

TITLE D ☒ Delete
NAME BEAUDIN, GREGORY A
STREET ADDRESS 321 CARTELIER RD.
CITY-ST-ZIP VANCOUVER BL, v7n3b6

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME BEAUDIN, NORMAN A.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600022487426
STREET ADDRESS 08/22/03--01007--002 **61.25
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 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

8-8/18/03 (813) 925-0821

Date

Daytime Phone #

CFR2E034 (10/02)