

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90223 007 ***150.00

0015602 AV

DOCUMENT # P01000083800

1. Entity Name

SPORTS STUFF OF DAYTONA INC.



Principal Place of Business

**3340 S. RIDGEWOOD AVE., STE 4
PORT ORANGE FL 32119**

Mailing Address

**3340 S. RIDGEWOOD AVE., STE 4
PORT ORANGE FL 32119**

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

59-3739313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARNER, P J

**3340 S. RIDGEWOOD AVE., STE 4
PORT ORANGE FL 32119**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	SYENS, DANA	
STREET ADDRESS	2254 S RIDGEWOOD AVE	
CITY-ST-ZIP	S DAYTONA FL 32119	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DELUCIA, LARRY	
STREET ADDRESS	2254 S RIDGEWOOD AVE	
CITY-ST-ZIP	S DAYTONA FL 32119	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PUGH, KELLY	
STREET ADDRESS	2254 S RIDGEWOOD AVE	
CITY-ST-ZIP	S DAYTONA FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PJ Warner	
STREET ADDRESS	3340 Ridgewood Ave Ste. 4	
CITY-ST-ZIP	Port Orange, FL 32129	
TITLE	President Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanne Warner	
STREET ADDRESS	3340 Ridgewood Ave Ste. 4	
CITY-ST-ZIP	Port Orange, FL 32129	
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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

386-290-8195

Daytime Phone #

CR2E034 (10/02)