FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90434 030 ***150.00

DOCUMENT # P01000080150

1. Entity Name

Professional Tennis Services, Inc. ✓

671020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
500 N Jefferson Ave	500 N Jefferson Ave
Suite, Apt. #, etc. Unit I-4	Suite, Apt. #, etc. Unit I-4
City & State Sarasota FL	City & State Sarasota FL
Zip 34237 Country U.S.A.	Zip 34237 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1135063 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Cary Cohenour

Street Address (P.O. Box Number is Not Acceptable)

500 N Jefferson Ave Unit I-4

City Sarasota **FL** Zip Code 34237

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: ✓ Cary Cohenour D/P 4/29/02
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	DTP
NAME	Cary Cohenour
STREET ADDRESS	500 N Jefferson Ave Unit I-4
CITY-ST-ZIP	Sarasota FL 34237
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ✓ Cary Cohenour 4/29/02 (941) 737-2635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #