


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90192 012 ***150.00

0446071 AV

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|---|---|
| DOCUMENT # P01000093554 |  |
| 1. Entity Name KNOTTS TEAM SPORTS, INC. | |

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| Principal Place of Business 710 E. REYNOLDS ST. PLANT CITY FL 33566 | Mailing Address 710 E. REYNOLDS ST. PLANT CITY FL 33566 |
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| 2. Principal Place of Business 901 W Dr M Luther King Jr Blvd | 3. Mailing Address 901 W Dr M Luther King Jr. Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

☒ CHECK HERE IF MAKING CHANGES

| | |
|---------------------------------------|---------------------------------------|
| City & State Plant City, FL | City & State Plant City, FL |
| Zip 33563-5148 | Zip 33563-5148 |
| Country | Country |

| | |
|---|--|
| 4. FEI Number 59-3757921 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KNOTTS, ANDREW F 710 E. REYNOLDS ST. 901 W Dr M Luther King Jr Blvd PLANT CITY FL 33566 Plant City, FL 33563-5148 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete P KNOTTS, ANDREW F 710 E REYNOLDS ST PLANT CITY FL 33566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete ST KNOTTS, JEANNE R 710 E REYNOLDS ST PLANT CITY FL 33566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 901 W Dr Martin Luther King Jr Blvd Plant City, FL 33563-5148 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 901 W Dr Martin Luther King Jr Blvd Plant City, FL 33563-5148 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|--|---------------------|-------------------------------------|
| SIGNATURE:  | Date 4/24/03 | Daytime Phone # 813/754-2588 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |

CP2E034 (10/02)