2002 Uniform Business Report (UBR)

SIGNATURE:

FILED May 28, 2002 8:00 am Secretary of State

1. Entity Na	JMENT # P0100 ame /AY & WITT, INC.	0105777	/			etary of 002 90978 050 *		₽ •
1	ace of Business	 _						
TALLAHASSE	EE FL 32304	TALLAHASSEE FL 32304						
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite. Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number Applied For			
Zip	Country	Zip Zip	Country Country		59-37539	2 0 75	Not Applicable	1
·	6. Name and Address of Current	Registered Agent	USA		Certificate of Status Desired Name and Address of New R	\$8.75 A	red	
<u> </u>			- Name			egistared Agent		-
1327 CO	AY, LAVERN LORADO STREET	Street	Address (P.O.	Box Number is Not Acceptable	i)	**- : =	-	
TALLAHA	SSEE FL 32304 &		City			Ti- 0-		
8 The above						FL Zip Co		
SIGNATURE	e named entity submits this statement for Sports of Spor	landa	Registered Agent signa			3-26-0 3	<u>-</u>	}
Tax filling requirement and elects to do so. After May 1, 2002			2 Fee will be \$	EE IS \$150.00 10. Election Campaign Financing \$5.00 Ma 20 Papartment of State Trust Fund Contribution. Added to Fe				1
11,	OFFICERS AND D	PIRECTORS	12.	AD.	DITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	1
TITLE .	President LAVER Pettawas 1105 FT Clarke Blo	☐ Delete	TITLE NAME			☐ Change	Addition	(10/6)
STREET ADDRESS CITY+ST-ZIP	Gaines ville F1 3	2606	STREET ADDRESS CITY-ST-ZIP					CR2E034 (9/01)
tifle Name	Vice President	T T Delete	TITLE NAME			☐ Change	☐ Addition	8
STREET ADDRESS CITY-ST-ZIP	Anthony M. W. 1105 FT Clark Bl. Games with F. 3	10 12 315 ZLOZ	STREET ADDRESS CITY-ST-ZIP					
TITLE NAME : STREET ADDRESS:		Delets	TIPLE NAME	. حد ودمیده :		☐ Change	Addition	
CITY-ST-ZIP			_STREET ADDRESS CITY-ST-ZIP	**************************************			S.	
TITLE- NAME		☐ Delete	TITLE			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	•		STREET ADORESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS City-St-Zip		}	STREET ADDRESS CITY-ST-ZIP					
of the corp	ertify that the information supplied with the orthis report or supplemental report is to coration or the receiver or trustee empower or on an attachment with an address, with	red to execute this report as						