

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90127 030 \*\*\*150.00

05/9/39 AV

**DOCUMENT # P01000107660**

1. Entity Name  
**SPORTSMAN'S ATTIC, INC.**



Principal Place of Business  
**5840 MAIN STREET  
SUITE B  
NEW PORT RICHEY FL 34652**

Mailing Address  
**5840 MAIN STREET  
SUITE B  
NEW PORT RICHEY FL 34652**



2. Principal Place of Business

**3482 COMMERCIAL WAY**

3. Mailing Address

**3482 COMMERCIAL WAY**

Suite, Apt. #, etc.

**B**

Suite, Apt. #, etc.

**B**

☒ CHECK HERE IF MAKING CHANGES

City & State

**SPRING HILL FL**

City & State

**SPRING HILL FL**

4. FEI Number

**59-3754188**

Applied For

Not Applicable

Zip

**34606**

Country

**USA**

Zip

**34606**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TSOMPANIDIS, WILLIAM  
5840 MAIN STREET STE B  
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name **WILLIAM TSOMPANIDIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**3482 COMMERCIAL WAY STE B**  
City **SPRING HILL** FL **34606**

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

*William Tsompandis*

**4/30/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD TSOMPANIDIS, KIMBERLY A 5840 MAIN STREET STE B NEW PORT RICHEY FL 34652</b>	<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
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	<b>3482 COMMERCIAL WAY STE B SPRING HILL FL 34606</b>	<input checked="" 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
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.

SIGNATURE:

*Kimberly Tsompandis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 352-666-6632**

Date

Daytime Phone #

CR2E034 (10/02)