

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000005790

1. Entity Name

**SOUTH TAMPA ATHLETIC RECREATIONAL SPORTS,
INC.**



Principal Place of Business

**5400 S. WESTSHORE
TAMPA, FL 33611**

Mailing Address

**5400 S. WESTSHORE
TAMPA, FL 33611**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number

01-0596394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, KRISTOPHER E
307 SOUTH BLVD., SUITE D
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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 (if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000116849

04/16/04 00002 012 150.00

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SCHULZ, RICHARD

3615 BELCHER DR.

TAMPA, FL 33629

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

MOSES, THOMAS M

2708 MOCK ORANGE CT.

VALRICO, FL 33594

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

MOSES, LORI

2708 MOCK ORANGE

VALRICO, FL 33594

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

PIETRO, JOE

5720 1ST ST.

TAMPA, FL 33613

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

FERNANDEZ, KRISTOPHER E

3922 W. TACON ST.

TAMPA, FL 33629

TITLE

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 (813) 837-1842
Date Daytime Phone #