

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000005790

FILED
Oct 30, 2009
Secretary of State

Entity Name: SOUTH TAMPA ATHLETIC RECREATIONAL SPORTS, INC.

Current Principal Place of Business:

3702 BEACH STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

PO BOX 10563
TAMPA, FL 33679 05

New Mailing Address:

FEI Number: 01-0596394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULZ, KATHLEEN
3801 S WESTSHORE BLVD
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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: KATHLEEN SCHULZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHULZ, KATHLEEN
Address: 3615 BELCHER DR.
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: CANCINO, RHONDA
Address: 1533 AUBURN OAKS DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: PIETRO, THERESA
Address: 3813 W BAY AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN SCHULZ

Electronic Signature of Signing Officer or Director

DIR

10/30/2009

Date