

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90367 033 ***150.00

DOCUMENT # P02000010088

1. Entity Name
BOARD SPORTS MANAGEMENT, INC.



Principal Place of Business
1800 W HIBISCUS BLVD SUITE 138
MELBOURNE FL 32901

Mailing Address
1800 W HIBISCUS BLVD SUITE 138
MELBOURNE FL 32901

55043951



2. Principal Place of Business
2075 N. Hwy A1A

3. Mailing Address
Same as # 2

Suite, Apt. #, etc.
Cottage

Suite, Apt. #, etc.

City & State
Indianapolis, Fla.

City & State

Zip
32903

Country
USA

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
51-0423155

Applied For
☐ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRSCHENBAUM, JACK A
1800 W HIBISCUS BLVD SUITE 138
MELBOURNE FL 32901

Name
Garry Mitchell Varnes Jr.
Street Address (P.O. Box Number is Not Acceptable)

2075 N. Hwy A1A

City Indianapolis, Fla.

FL

Zip Code
32903

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]

(NOTE: Registered Agent signature required when reinstating)

4/9/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIRSCHENBAUM, JACK A
1800 W HIBISCUS BLVD SUITE 138
MELBOURNE FL 32901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
G. Mitchell Varnes Jr.
2075 N. Hwy. A1A
Indianapolis, Fla. 32903 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

321-777-9935
Daytime Phone #

CFR2034 (10/02)