FILED
Jun 30, 2003 8:00 am
Secretary of State
06-03-2003 90039 003 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55050137

DOCUMENT #P02000011190

1. Entity Name
CHEER GEAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9110 WOODBAY DR. TAMPA, FL 33626	9110 WOODBAY DR. TAMPA, FL 33626

[redacted]

2. Principal Place of Business	3. Mailing Address
8238 WEST WATERS AVE	8238 WEST WATERS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TAMPA, FLORIDA	TAMPA, FLORIDA
Zip 33615 / County USA	Zip 33615 / County USA

[redacted]

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 84-3600248 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURDA, MICHELE
9110 WOODBAY DR.
TAMPA, FL 33626

7. Name and Address of New Registered Agent

Name: KIMBERLY A. EAVES
Street Address (P.O. Box Number Is Not Acceptable)
8238 WEST WATERS AVE.
City: TAMPA FL FL Zip Code: 33615

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: Kimberly Eaves President 6-24-03
(Required; failure to provide correct or updated registered agent/officer information may result in administrative dissolution of corporation) (NOTE: Registered Agent's signature required when changed) DATE

[redacted]

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
		P KIM EAVES 8235 WEST WATERS AVENUE TAMPA, FL 33615	
	☐ Delete	VP RON WINDOM 8238 WEST WATERS AVENUE TAMPA, FL 33615	☐ Change ☒ Addition
	☐ Delete	S/T IRENE WINDOM 8238 WEST WATERS AVENUE TAMPA, FL 33615	☐ Change ☒ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E031 (01/03)

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: Kim Eaves 6-10-03 813-240-5544
(Required) (Must be typed or printed name of signing officer or director) Date Daytime Phone #