FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90060 021 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-02000043503

1. Entity Name
Summer fun Sports, Inc

Y(80146180

[redacted]

Principal Place of Business

Mailing Address
3617 CROWN POINT ROAD STE 2
JACKSONVILLE FL 32257-7

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 24668	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip	Country: USA	Zip: 32241	Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0667761 ☐ 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
HERNANDEZ, MEREDITH A 3617 CROWN POINT ROAD STE 2 JACKSONVILLE FL 32257-7	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] DATE 2/6/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

[illegible] FEE IS $150.00 [illegible]

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: P, S, T NAME: Sommers, Richard STREET ADDRESS: PoBox 24668 CITY-ST-ZIP: Jacksonville, Fl. 32241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 4-29-03 288-8999