

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90746 023 ***150.00

DOCUMENT # P02000051056

1. Entity Name
MELBOURNE SPORTS TECHNOLOGY, INC.



Principal Place of Business
7713 ELLIS ROAD
WEST MELBURNE FL 32904

Mailing Address
7713 ELLIS ROAD
WEST MELBURNE FL 32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1960715

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

PITKETHLY, JOHN K
7713 ELLIS ROAD
WEST MELBURNE FL 32904

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
NAME **PITKETHLY, JOHN K**
STREET ADDRESS **190 DESOTO PARKWAY**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☐ Delete
NAME **AUSTIN, JAMES W**
STREET ADDRESS **1400 ORANGE STREET**
CITY-ST-ZIP **MELBOURNE BEACH FL 32591**

TITLE **D** ☐ Delete
NAME **RUTSTEIN, YALE**
STREET ADDRESS **639 HAMMOCK RD**
CITY-ST-ZIP **MELBOURNE VILLAGE FL 32904**

TITLE **D** ☐ Delete
NAME **HALE, FRANKLIN C**
STREET ADDRESS **9015 C MANCHESTER LN**
CITY-ST-ZIP **W MELBOURNE FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN PITKETHLY 4/3/03

Date

Daytime Phone #

CR2E034 (10/02)