

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN -7 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000053201

1. Entity Name
SAS SPORTS UNLIMITED, INC.



Principal Place of Business
5613 6TH STREET W
B
LEHIGH ACRES, FL 33971

Mailing Address
5613 6TH STREET W.
B
LEHIGH ACRES, FL 33971



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05172004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
30-0077052

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PETERS, SANDRA K
5613 6TH STREET W.
B
LEHIGH ACRES, FL 33971

Name
Shelia D. Cook

Street Address (P.O. Box Number is Not Acceptable)
5613 6th Street W. - B

Lehigh Acres FL

City

FL

Zip Code
33971

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 *Shelia D. Cook*

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

(NOTE: Registered Agent signature required when reinstating)

5/17/04

DATE

Amended AR is \$61.25

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
NAME PETERS, SANDRA K ☒ Delete
STREET ADDRESS 215 SCHOOLSIDE DRIVE
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE
NAME 900037847005 ☒ Change ☐ Addition
STREET ADDRESS 06/10/04--01053--017 **61.25
CITY-ST-ZIP

TITLE V/ST
NAME COOK, SHELIA D ☐ Delete
STREET ADDRESS 253 GROUND DOVE CIRCLE
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE P/CEO
NAME COOK, SHELIA D ☒ Change ☐ Addition
STREET ADDRESS 253 Ground Dove Circle
CITY-ST-ZIP Lehigh Acres, FL 33936

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Shelia D. Cook

SHELIA D. COOK

5/17/04

239-218-9917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #