

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State
05-13-2003 90044 014 ***150.00

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DOCUMENT # P02000058807

1. Entity Name
SCORES SPORTS BAR & GRILL INC.



Principal Place of Business
**18430 KELLY RD
SPRING HILL FL 34610**

Mailing Address
**18430 KELLY RD
SPRING HILL FL 34610**

2. Principal Place of Business
**11060 Spring Hill Dr.
Suite, Apt. #, etc.
Spring Hill, FL
City & State**

3. Mailing Address
**same as above
Suite, Apt. #, etc.
City & State**

Zip
34608 Country
Hernando

Zip Country

4. FEI Number
74-3045297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARCI, JAMES E
58 COMMERCIAL WAY
SPRING HILL FL 34606**

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]** **sorry I signed in wrong place**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTS
BATTON, VIVIAN L
18430 KELLY RD
SPRING HILL FL 34610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BERASTAIN, CARLOS M
2115 FENTRESS CT
SPRING HILL FL 34609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
DYKSTRA, SELENA D
18430 KELLY RD
SPRING HILL FL 34610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

4/28/03 352-686-5171
Date Daytime Phone #

CR2E034 (10/02)