

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92194 024 \*\*\*150.00

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

<b>DOCUMENT # P02000079426</b>	
1. Entity Name <b>ROLLERSPORT, INC.</b>	
Principal Place of Business <b>810 JIMMY ANN DRIVE, SUITE 8024 DAYTONA BEACH, FL 32117</b>	Mailing Address <b>810 JIMMY ANN DRIVE, SUITE 8024 DAYTONA BEACH, FL 32117</b>
2. Principal Place of Business <b>317 Clemson Dr.</b>	3. Mailing Address <b>P.O. Box 180052</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Altamonte Springs, FL</b>	City & State <b>Casselberry, FL</b>
Zip <b>32714</b>	Zip <b>32714</b>
Country <b>USA</b>	Country <b>USA</b>
4. FEE Number <b>11-364-5738</b>	
Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 38761</b>	
7. Name and Address of New Registered Agent Name <b>DONNA L DRAVES ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>120 E. Concord Street</b> City <b>Orlando</b> FL <b>32801</b>	
8. The above named entry 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 <b>Donna L. Draves</b> <b>Donna L. Draves</b> DATE	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP P MILLER, ERWIN H 810 JIMMY ANN DR STE 8025 DAYTONA BEACH, FL 32117 Delete <input type="checkbox"/>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 317 Clemson Dr. Altamonte Springs, FL 32714 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
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: <b>Erwin H Miller</b> <b>ERWIN H MILLER</b> 29/4/03 407-230-2770	

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☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)