

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0516456 AV

DOCUMENT # P02000095193

1. Entity Name
SPORTBRAIN, INC.



Principal Place of Business
**278 RIDGE DR
NAPLES FL 33108**

Mailing Address
**C/O ROBERT D. ROYSTON, JR
P O DRAWER 60205
FT MYERS FL 33906**



2. Principal Place of Business
1415 Panther Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State

4. FEI Number
73-1657238

Applied For
Not Applicable

Zip Country
34109 USA

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD, STE 101
FT MYERS FL 33907**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D HESLOP, HARRY**
STREET ADDRESS **278 RIDGE DR**
CITY-ST-ZIP **NAPLES FL 33108**

TITLE ☐ Change ☒ Addition
NAME **P, S, T**
STREET ADDRESS **1415 Panther Lane**
CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)