

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90010 016 ***550.00

0606390 AV

DOCUMENT # P02000098868

1. Entity Name
SPORTS POWER PRODUCTS, INC.



Principal Place of Business
3958 OAK HAMMOCK LANE
FORT PIERCE FL 34981

Mailing Address
3958 OAK HAMMOCK LANE
FORT PIERCE FL 34981

2. Principal Place of Business

805 Virginia Ave

3. Mailing Address

PO Box 12279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT Pierce FL

City & State
FT Pierce FL

4. FEI Number

74-3072426

Applied For

Not Applicable

Zip
34982

Country

Zip
34979

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HOPKINS, BOBBY
3958 OAK HAMMOCK LANE
FORT PIERCE FL 34981

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

Bobby Hopkins

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

(NOTE: Registered Agent signature required when reinstating)

6-5-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BOBBY HOPKINS
6025 N US1
FT PIERCE FL 34946

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY & TREASURER
BOBBY HOPKINS
6025 N US1
FT PIERCE FL 34946

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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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:

Bobby Hopkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-03

Date

772 466 7704

Daytime Phone #

CR2E034 (10/02)