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

## P02000109621 **DOCUMENT #**

1. Entity Name



**FILED** Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90263 036 \*\*\*150.00

	PS SPORTS CARDS OF	NEW PO	RT RICHEY,	INC.							
Principal Place of Business 7206 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652  2. Principal Place of Business		Mailing Address 7206 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652  3. Mailing Address			     •						
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES  A SELNUMBER  Applied For					
City & State		City & State			4. FEI N	1-043	ouo		Not a	Applicable	
Zip	Country	Zip		Coun	try	1	icate of Status De		Fe	8.75 Additi	ional
	-6. Name and Address of Curren	t Registered	Agent			7 Name	and Address o	f.New.Regis	stered:Ag	ent	
	- 6. Name and Address of Curren	r riegioidies			Name	<del></del> '	,				ľ
STROBELE, SHAWN					Street Address (P.O. Box Number is Not Acceptable)						
	HIGHWAY 19										,
PORT RICH	HEY <sub>,</sub> FL 34652				<u></u>				<b></b> _	Zip Code	
	**				City				<u>FL</u>	1	
the obligation	named entity submits this statement ons of registered agent.  Signature, typed or printed name of registered age				ed Agent signature requ				DATE		
FI	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department	00					9. Election Cam Trust Fund Co	ontribution.	Ш	Added	May Be to Fees
	OFFICERS AN		RS	11		ADDIT	IONS/CHANGES	TO OFFICE	ERS AND		Addition
TITLE	P		☐ Delete	TIT	LE					☐ Change	
NAME	STROBELE, SHAWN			NA	1						
	7206 U.S. HIGHWAY 19										
STREET ADDRESS					REET ADDRESS						
STREET ADDRESS   CITY-ST-ZIP	NEW PORT RICHEY FL 34652			cn	Y-ST-ZIP					☐ Change	Addition
_	NEW PORT RICHEY FL 34652		☐ Delete	CIT	Y-ST-ZIP	<u> </u>				☐ Change	Addition
CITY-ST-ZIP TITLE NAME	NEW PORT RICHEY FL 34652		☐ Delete	CIT TIT NA	Y-ST-ZIP	<u> </u>				☐ Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	NEW PORT RICHEY FL 34652		☐ Delete	CIT TIT NA ST	Y-ST-ZIP LE ME						
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	NEW PORT RICHEY FL 34652		☐ Delete	CIT TIT NA ST CI	Y-ST-ZIP LE ME REET ADDRESS				-		☐ Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	NEW PORT RICHEY FL 34652			CIT TIT NA ST CI TIT	CY-ST-ZIP  LE MME REET ADDRESS IY-ST-ZIP  TLE MME				-		
CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				CIT TIT NA ST CI TIT NA	LE LE LE ME REET ADDRESS TY-ST-ZIP TILE AME REET ADDRESS						
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME			□ Delate	CIT TIT NA ST CI' TI' NA ST	CY-ST-ZIP  LE  MME REET ADDRESS TY-ST-ZIP  TLE  AMME REET ADDRESS TY-ST-ZIP						
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS				CIT	CY-ST-ZIP  LE  MME REET ADDRESS IY-ST-ZIP  ILE  AME REET ADDRESS TY-ST-ZIP  TLE  TLE  TLE  TLE  TLE					☐ Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME			□ Delate	CII TITI NA ST CI TITI NA ST CI TITI NA ST CI TITI NA ST CI TI NA	CY-ST-ZIP  LE  MME REET ADDRESS IY-ST-ZIP  TLE  AMME REET ADDRESS TY-ST-ZIP  TLE  AMME TLE  AMME				-	☐ Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS			□ Delate	CITITI NAME STATE CALL TO THE STATE CALL THE STATE	CY-ST-ZIP  LE  MME REET ADDRESS IY-ST-ZIP  ILE  AME REET ADDRESS TY-ST-ZIP  TLE  TLE  TLE  TLE  TLE					☐ Change	Addition  Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CIT TITI NA ST CI TI N/ ST CI TI N.	CY-ST-ZIP  LE MME REET ADDRESS IY-ST-ZIP  ILE AME REET ADDRESS TY-ST-ZIP  TLE AME THEET ADDRESS	-				☐ Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE			□ Delate	CIT	CY-ST-ZIP  LE ME REET ADDRESS IY-ST-ZIP  ILE MME REET ADDRESS TY-ST-ZIP  TLE AME THEET ADDRESS IY-ST-ZIP  TLE AME TREET ADDRESS IIY-ST-ZIP					☐ Change Change	Addition  Addition
CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME			☐ Delete	CIT	CY-ST-ZIP  LE MME REET ADDRESS TY-ST-ZIP  TLE MME REET ADDRESS TY-ST-ZIP  TLE AME TREET ADDRESS TY-ST-ZIP  TLE AME TREET ADDRESS TY-ST-ZIP  TLE TREET ADDRESS TY-ST-ZIP  TLE TREET ADDRESS TY-ST-ZIP					☐ Change Change	Addition  Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete	CITITION NAME OF THE PROPERTY	CY-ST-ZIP  LE MME REET ADDRESS IY-ST-ZIP  TLE MME REET ADDRESS TY-ST-ZIP  TLE AME TREET ADDRESS TY-ST-ZIP  TLE AME TREET ADDRESS ITY-ST-ZIP  TLE AME TREET ADDRESS ITY-ST-ZIP					☐ Change ☐ Change ☐ Change	Addition  Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete	CITITI NA ST CI	TY-ST-ZIP  LE ME REET ADDRESS TY-ST-ZIP  TLE MME REET ADDRESS TY-ST-ZIP  TLE AME THEET ADDRESS TY-ST-ZIP  TLE AME THEET ADDRESS TITY-ST-ZIP  TILE AME THEET ADDRESS TITY-ST-ZIP  TILE THEET ADDRESS TITY-ST-ZIP  TILE THEET ADDRESS					☐ Change Change	Addition  Addition
CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			Delete Delete	CITITITION AND ADDRESS OF THE ADDRES	CY-ST-ZIP  LE MME REET ADDRESS IY-ST-ZIP  TLE AME REET ADDRESS TY-ST-ZIP  TLE AME REET ADDRESS ITY-ST-ZIP  TLE AME REET ADDRESS ITY-ST-ZIP  TLE AME REET ADDRESS ITY-ST-ZIP  TILE AME ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITL					☐ Change ☐ Change ☐ Change	Addition  Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			Delete Delete	CITITI NAMES STATE OF THE PROPERTY OF THE PROP	CY-ST-ZIP  LE MME REET ADDRESS IYY-ST-ZIP  TLE AME REET ADDRESS TY-ST-ZIP  TLE AME TREET ADDRESS ITY-ST-ZIP  ITLE AME TREET ADDRESS ITY-ST-ZIP  ITLE TREET ADDRESS ITY-ST-ZIP  ITLE TREET ADDRESS ITY-ST-ZIP  ITLE TREET ADDRESS					☐ Change ☐ Change ☐ Change	Addition  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 appeared.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR