

2003

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

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

05-05-2003 90291 012 ***150.00

DOCUMENT # PO2000122048	
1. Entity Name S.J.S. SPORTS, INC.	

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90125989

2. Principal Place of Business 11511 VILLA GRAND Suite, Apt. #, etc. 523	3. Mailing Address 11511 VILLA GRAND Suite, Apt. #, etc. 523
City & State FT. MYERS FLA.	City & State FT. MYERS, FLA.
Zip 33913 Country USA	Zip 33913 Country USA

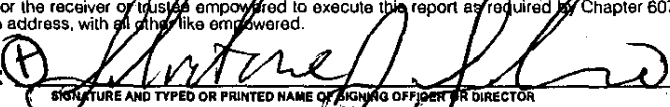
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DO NOT WRITE IN THIS SPACE	4. FEI Number 74-3069047		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name SALVATORE J. SALERNO Street Address (P.O. Box Number is Not Acceptable) 11511 VILLA GRAND APT. # 523 City FT. MYERS FL Zip Code 33913		
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 		DATE 4/28/03	

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SALVATORE J. SALERNO 11511 VILLA GRAND #523 FT. MYERS, FLA. 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.
SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/28/03 Daytime Phone #

CR2E034B (12/02)