6/9/

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-09-2003 90121 030 ***158.75
06-27-2003 90053 009 ***391.25

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000129870

1. Entity Name
SUNSHINE STATE SOCCER INC.

10109043

Principal Place of Business
5801-201 ~~RIVERSIDE DRIVE~~
~~CORAL~~ SPRINGS, FL 33067

Mailing Address
5801-201 ~~RIVERSIDE DRIVE~~
~~CORAL~~ SPRINGS, FL 33067

[redacted]

2. Principal Place of Business: 5741 N. University Dr
Suite, Apt. #, etc.
City & State: Tamarac, FL
Zip: 33321 Country: USA

3. Mailing Address: Same as (2)
Suite, Apt. #, etc.
City & State
Zip Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0661935 Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HILLS, JANINE
5801-201 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33067

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 ______ DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President NAME: Andy Alexander STREET ADDRESS: 6981 NW 25th Ct, Sunrise, FL 33313	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Janine Hills 6-5-03 954-726-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

Andy Alexander 6-5-03 954-726-0409

CR2E034 (10/02)