## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # P02000132442

1. Entity Name

LARGO FL 33774

SPORTS PROMOTION INC.

Principal Place of Business 12824 129 AVE N

Mailing Address

12824 129 AVE N

LARGO FL 33774

**FILED** 

03-13-2003 90046 041 \*\*\*150.00

2. Principal Place of Business 3. Mailing Address 13220-36 HOUSTON 13220-36 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Hu d50N 4. FEI Number Applied For 5-0809631 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34667 Pasco Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

MUNDWILER, GARY L 12824 129 AVE N LARGO FL 33774

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or redistered agent for both; in the State of Florida. the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ~ X3 3

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

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Addition Change MUNDWILER, GARY L NAME STREET ADDRESS 12824 129 AVE N STREET ADDRESS CITY-ST-ZIP **LARGO FL 33774** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME BOB LYLE NAME STREET ADDRESS STREET ADDRESS 13220 - HOUSTON AV CITY-ST-ZIP CITY-ST-ZIP Hudsow, Fl 34667 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME KAY LYLE STREET ADDRESS STREET ADDRESS 13270 HOUSTON AV CITY-ST-7IP CITY-ST-ZIP HUdson, FL 34667 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 13220-36 HOUSTON CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ilin U GARA L. Mondouler 3-11-03

Mar 13, 2003 8:00 am Secretary of State