

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90166 020 \*\*\*150.00

DOCUMENT # *P-02000043503*

1. Entity Name

*Summer Fun Sports, Inc*



Principal Place of Business

Mailing Address

3617 CROWN POINT ROAD STE 2  
JACKSONVILLE FL 32257-7

2. Principal Place of Business

3. Mailing Address

*P.O. Box 24668*

Suite Apt. #, etc.

Suite Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

*Jacksonville, FL*

City & State

*Jacksonville, FL*

4. FEI Number

*01-0667761*

Applied For

Not Applicable

Zip

Country

*USA*

Zip

*32241*

Country

*USA*

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, MEREDITH A

3617 CROWN POINT ROAD STE 2

JACKSONVILLE FL 32257-7

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/6/03*

**REGISTRATION 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME *P.S.T. Sommers, Richard*

STREET ADDRESS *P.O. Box 24668*

CITY-ST-ZIP *Jacksonville, FL 32241*

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-29-03*

*288-8999*

CR2E034 (10/02)