


FILED
Apr 25, 2007 8:00 am
Secretary of State

7/20

DOCUMENT # P06000121738				04-09-2007 90067 015 ***150.00	
1. Entity Name FLORIDA SPORT SUPPLY, INC.					
Principal Place of Business 6372 PALMA DEL MAR BLVD SOUTH 205 ST. PETERSBURG, FL 33715		Mailing Address 6372 PALMA DEL MAR BLVD SOUTH 205 ST. PETERSBURG, FL 33715			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-5601775		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CIARAVINO, THOMAS W 6372 PALMA DEL MAR BLVD SOUTH 205 ST. PETERSBURG, FL 33715		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 _____ (NOTE: Registered Agent signature required when removing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$580.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	P CIARAVINO, THOMAS W 6372 PALMA DEL MAR BLVD. SOUTH, #205 ST. PETERSBURG, FL 33715	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>THOMAS W CIARAVINO</u> <u>Thomas W Ciaravino</u> 4-4-07 727 368 3545					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					