

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90426 043 ***150.00

DOCUMENT # P31742

1. Entity Name

ATHLETICS AND RECREATIONAL CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23123 STATE ROAD 7

3. Mailing Address

23123 STATE ROAD 7

Suite, Apt. #, etc.

SUITE 236

Suite, Apt. #, etc.

SUITE 236

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33428

Country

USA

Zip

33428

Country

USA

4. FEI Number

65-0225280

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STANLEY L. SHULMAN

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

23123 STATE ROAD 7 - SUITE 236

City

BOCA RATON

FL

Zip Code

33428

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P/V/S**
NAME **SHULMAN, L. STANLEY**
STREET ADDRESS **23123 STATE ROAD 7 - SUITE 236**
CITY - ST - ZIP **BOCA RATON, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D**
NAME **SHULMAN, L. STANLEY**
STREET ADDRESS **23123 STATE ROAD 7 - SUITE 236**
CITY - ST - ZIP **BOCA RATON, FL 33428**

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13. 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 11 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 #

CR2E034B (12/01)