

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90154 040 \*\*\*150.00

00969690  
FP

**DOCUMENT # P31742**

1. Entity Name  
**ATHLETICS AND RECREATIONAL CONSULTANTS, INC.**



Principal Place of Business

23123 SR 7  
STE 236  
BOCA RATON FL 33428

Mailing Address

23123 SR 7  
STE 236  
BOCA RATON FL 33428



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

23123 STATE RD 7  
Suite, Apt. #, etc.  
236

3. Mailing Address

23123 STATE RD 7  
Suite, Apt. #, etc.  
236

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

4. FEI Number

65-0225280

Applied For

Not Applicable

Zip

33428 PALM BEACH

Zip

33428 PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SHULMAN, L. STANLEY  
23123 SR 7 STE 236  
BOCA RATON FL 33428

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE PVS ☐ Delete  
NAME SHULMAN, STANLEY L  
STREET ADDRESS 23123 SR 7 STE 236  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☐ Delete  
NAME SHULMAN, L. STANLEY  
STREET ADDRESS 23123 SR 7 STE 236  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Stanley L. Shulman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 5614793994  
Date Daytime Phone #

CR2E034 (10/02)