## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 19, 2001 8:00 am DOCUMENT # P92000011669 Secretary of State INTERNATIONAL SPORTS CONCEPTS, INC. 01-19-2001 90022 013 \*\*\*150.00 Principal Place of Business Mailing Address 1231 GARDEN STREET 1231 GARDEN STREET TITUSVILLE FL 32796 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3155164 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CERRATO, WALTER A JR. Street Address (P.O. Box Number is Not Acceptable) 1231 GARDEN STREET TITUSVILLE FL 32796 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 A. CERBATO 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Addition NAME CERRATO, WALTER A JR. NAME STREET ADDRESS STREET ADDRESS 1231 GARDEN STREET CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME PAHMEIER, LAUREN STREET ADDRESS STREET ADDRESS 1231 GARDEN STREET CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL 32796 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STEPHENSON, JAN L./ STREET ADDRESS STREET ADDRESS 1231 GARDEN ST. CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

13. I hereby certify that the information supplied with this filling 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 Flock 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

☐ Change

☐ Addition