

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90084 015 ***150.00

0014042

DOCUMENT # P93000017976**1. Entity Name**
SOCCER STOP, INC.**Principal Place of Business****1518 NORTH 3RD ST.**
JACKSONVILLE FL 32250
US**Mailing Address****1301 RIVERPLACE BLVD**
SUITE 1609
JACKSONVILLE FL 32207
US**2. Principal Place of Business****3. Mailing Address****1518 N. 3rd Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Beach, Florida

Zip

Country

Zip

Country

32250**USA****4. FEI Number 59-3191900**

Applied For

Not Applicable

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****PEEK, EUGENE G III**
1301 RIVERPLACE BLVD
SUITE 1609
JACKSONVILLE FL 32207

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.**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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DTS									
	LEVINE, MICHAEL S	1518 N 3RD ST	JACKSONVILLE BEACH FL 32250							
	DP									
	LEVINE, BARBARA F	1518 N 3RD ST	JACKSONVILLE BEACH FL 32250							
	AS			<input checked="" type="checkbox"/>						
	PEEK, EUGENE G III	1301 RIVERPLACE BLVD SUITE 1609	JACKSONVILLE FL							
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						

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 Block 12 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 #

4-27-01 904-246-2300

CR2E034 (10/00)