## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # P93000069587 May 19, 2000 8:00 am Secretary of State EDDIE D'S PRO SHOP, INC. 05-19-2000 90076 048 \*\*\*150.00 Principal Place of Business Mailing Address 2200 NORTH FEDERAL HWY. 2200 NORTH-FEDERAL HWY. POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-1006 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3205132 Not Applicable Zip Country 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 Name DEATLEY, ED Street Address (P.O. Box Number is Not Acceptable) 2200 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition TITLE Delete NAME NAME DEATLEY, EDDIE STREET ADDRESS STREET ADDRESS 2200 NORTH FEDERAL HWY. CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33062 ☐ Delete Change ☐ Addition TITLE TITLE NAME DEATLEY, EDDIE NAME STREET ADDRESS STREET ADDRESS 2200 NORTH FEDERAL HWY. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.