

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-31-2003 90373 034 ***150.00

DOCUMENT # P94000073536

1. Entity Name
R & R SPORTS, INC.



Principal Place of Business
**195 BLANDING BLVD.
UNIT 3
ORANGE PARK FL 32073
US**

Mailing Address
**195 BLANDING BLVD.
UNIT 3
ORANGE PARK FL 32073
US**



2. Principal Place of Business
70 Blanding Blvd

3. Mailing Address
2200 Ocean Dr. S. 2-C

☐ CHECK HERE IF MAKING CHANGES

City & State
Orange Park, FL

City & State
Jacksonville Beach, FL

4. FEI Number **59-3272690**

Applied For
Not Applicable

Zip Country
32250 U.S.A

Zip Country
32250 U.S.A

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REYNOLDS, CAROLYN T
2 FAIRFIELD BLVD
UNIT 9
PONTE VEDRA BEACH FL 32082**

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 *Carolyn T. Reynolds* DATE 1-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: *Carolyn T. Reynolds* **SIGNATURE REQUIRED** DATE 1-30-03 (904) 543-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)