

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91051 049 ***150.00

DOCUMENT # P94000084589

1. Entity Name
DIFFERENT STROKES GOLF & TENNIS OUTLET, INC.



Principal Place of Business
**6308 TRAIL BLVD. N.
NAPLES FL 34108
US**

Mailing Address
**6308 TRAIL BLVD. N.
NAPLES FL 34108
US**



2. Principal Place of Business
SL75 Naples Blvd

3. Mailing Address
SL75 Naples Blvd

Suite, Apt. #, etc.
Edgemont Office Park

Suite, Apt. #, etc.
Edgemont Office Park

City & State
Naples FL

City & State
Naples FL

Zip
34109

Country
USA

Zip
34109

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0535283**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARISTIZABAL, SHELLY
6570 HUNTERS RD
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **Same**
Street Address (P.O. Box Number is Not Acceptable)
**SL75 Naples FL
Edgemont Office Park**
City **Naples** FL **34109**

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 **Shelly Aristizabal** DATE **3-2-03**
Signature based on printed name of registered agent and file 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

TITLE **D** ☐ Delete
NAME **ARISTIZABAL, SHELLY**
STREET ADDRESS **6570 HUNTERS RD**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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

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TITLE ☐ Change ☐ Addition
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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: **Shelly Aristizabal**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/03 2395140065
Date Daytime Phone #

CR2E034 (10/02)