

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90229 031 ***150.00

DOCUMENT # **P95000002890**

1. Entity Name

SPORTS NOOK, INC



DO NOT WRITE IN THIS SPACE

40064120

2. Principal Place of Business

120 Ruby Red Ln

3. Mailing Address

120 Ruby Red Ln

Suite, Apt. #, etc.

Longwood

Suite, Apt. #, etc.

Longwood

City & State

FLORIDA

City & State

FLORIDA

4. FEI Number

59-3290638

Applied For

Not Applicable

Zip

32750

Country

Seminole

Zip

32750

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM E. WATERMAN

Street Address (P.O. Box Number is Not Acceptable)

120 Ruby Red Ln

Longwood

City

FL

Zip Code

32750

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WATERMAN, WILLIAM
120 Ruby Red Ln
Longwood, FL 32750**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William E. Waterman** **WILLIAM E. WATERMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

407 767 9529

Daytime Phone #

CR2E034B (12/02)