

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017622

1. Entity Name

KIICK SPORTS PROMOTIONS & EVENTS, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90062 017 ***150.00

Principal Place of Business

8190 SW 28TH STREET
DAVIE FL 33328

Mailing Address

8190 SW 28TH STREET
DAVIE FL 33328

2. Principal Place of Business

2900 S. University Dr.
Suite, Apt. #, etc.
Apt 9112

3. Mailing Address

2900 S. University Dr.
Suite, Apt. #, etc.
9112

City & State

DAVIE Fla.

City & State

DAVIE FL.

4. FEI Number 65-0568719

Applied For

Not Applicable

Zip Country 33328 USA Zip Country 33328 USA

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

KIICK, JAMES F
8190 SW 28TH STREET
DAVIE FL 33328

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 PTD KIICK, JAMES F
STREET ADDRESS 8190 SW 28TH STREET
CITY-ST-ZIP DAVIE FL 33328

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME VSD KIICK, MARY M
STREET ADDRESS 8190 SW 28TH STREET
CITY-ST-ZIP DAVIE FL 33328

TITLE NAME
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CITY-ST-ZIP

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TITLE NAME
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)