

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048190

1. Entity Name
MATCH-UP SPORTSWEAR, INC.

Principal Place of Business
1120 TURNER RD
WINTER PK FL 32789
US

Mailing Address
1120 TURNER RD
WINTER PK FL 32789
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3320930

Applied For
Not Applicable

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

BURTRUM, TIMOTHY S
1120 TURNER RD
WINTER PK FL 32789

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 Timothy S. Burtrum

Timothy S. Burtrum

1/4/02

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, 2002 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 D
STREET ADDRESS BURTRUM, TIMOTHY S
CITY-ST-ZIP 145 SO. ORLANDO AVENUE
MAITLAND FL 32751 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1120 Turner Rd
CITY-ST-ZIP Winter Park FL 32789

TITLE
NAME D
STREET ADDRESS BURTRUM, RENAE F
CITY-ST-ZIP 145 SO. ORLANDO AVENUE
MAITLAND FL 32751 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1120 Turner Rd
CITY-ST-ZIP Winter Park FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Timothy S. Burtrum* 1/4/02 407 628 0155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90015 010 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)