

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90003 033 \*\*\*158.75

**DOCUMENT # P95000054730**

1. Entity Name  
**GOLF BALLS N' GOLF BALLS, INC.**

Principal Place of Business Mailing Address  
 6525 4TH STREET NORTH 6525 4TH STREET NORTH  
 ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33704-3447

C0031668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**307 25<sup>TH</sup> AVE. N.** **307 25<sup>TH</sup> AVE. N.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**ST. PETERSBURG** **ST. PETERSBURG**  
 City & State City & State  
**FL.** **FL.**

4. FEI Number **59-3327293** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 Zip **33704** Country **U.S.A.** Zip **33704** Country **U.S.A.**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**SCHIFINO, WILLIAM J**  
**SCHIFINO & FLEISCHER, P.A.**  
**201 N. FRANKLIN STREET, SUITE 2700**  
**TAMPA FL 33602**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENSBERY, ROBERT E</b> <b>% 6525 4TH STREET NORTH</b> <b>ST. PETERSBURG FL 33702</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. P. C.</b> <b>ROBERT E. HENSBERY</b> <b>307 25<sup>TH</sup> AVE. N.</b> <b>ST. PETERSBURG, FL 33704</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE **ROBERT E. HENSBERY, C.P.D.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

727-895-4184