

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90217 026 ***150.00

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DOCUMENT # P95000075334

1. Entity Name
ADVENTURE SPORTS USA, INC.



Principal Place of Business
**499 N. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441**

Mailing Address
**499 N. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441
US**

2. Principal Place of Business
6234 N. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address
3170 N Federal Hwy
Suite, Apt. #, etc.
Suite 210

City & State
FT. LAUDERDALE, FL.
Zip
33308
Country
USA

City & State
Lighthouse Pt
Zip
33064
Country

4. FEI Number
65-0651837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEVEN DAPUZZO
2967 NE 26TH STREET
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent
Name
Steven DAPUZZO SR
Street Address (P.O. Box Number is Not Acceptable)
3170 N Federal Hwy
Suite 210
City
Lighthouse Point FL Zip Code
33064

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 DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAPUZZO, STEVE SR 2967 NE 26 ST LIGHTHOUSE POINT FL 33064 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

Date

9549469595

Daytime Phone #

CR2E034 (10/02)