2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000087389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

SIGNATURE:

PRONAUTIC SPORTS & TRADING CORPORATION



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90069 007 ***150.00

SIGNATURE Signature, horsed or private name of registered agent and tile at appolicable. (NOTE Registered Agent Signature required when retristating) Part File NOW!! FEE IS \$150.00 Part Fee IS \$150.00 After May 1, 2003 Fee will be \$350.00 Added to Fees Added					1	
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April of Country	Suite, Ap	n. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKIN	IG CHANGES
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Name		6. Name and Address of	Current Registered Agent		7. Name and Address of New Registered	
STY40 MORTON STREET MARATHON FL 33050 City 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of	LEDA IC			Name	77 Haine and Address of New neglistered	Agent
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SignArt Flice				City		Zin Code
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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	STREET ADDRESS STY-ST-ZIP STILE AMME TREET ADDRESS STY-ST-ZIP STILE AMME TREET ADDRESS STY-ST-ZIP TLE AMME TREET ADDRESS TY-ST-ZIP TLE AMME REET ADDRESS TY-ST-ZIP TLE	ertify that the information supplies	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	tion 119.07(3)(i), Florida Statutes. I further certi ime legal effect as if made under oath; that I ar	Change Addition Change Addition Change Addition Change Addition