

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091949

1. Entity Name

PLAYERS SPORTS MARKETING, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90012 044 ***150.00

Principal Place of Business

861 GARDEN GLEN LOOP
LAKE MARY FL 32746

Mailing Address

P O BOX 953187
LAKE MARY FL 32795-3187
US

2. Principal Place of Business

105 Timberlaken Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite 121

City & State

Lake Mary FL

City & State

Zip

Zip

32746

Country

USA

Country

4. FEI Number

59-3348887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLA, HENRY L ESQ
34 EAST PINE STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS FORDE, MICHAEL
CITY-ST-ZIP 861 GARDEN GLEN LOOP
LAKE MARY FL 32746

TITLE ☐ Delete
NAME D
STREET ADDRESS FORDE, VIVIAN
CITY-ST-ZIP 861 GARDEN GLEN LOOP
LAKE MARY FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Michael Forde

Date

4/26/00

Daytime Phone #

407/320-1891

CR2E034 (9/99)