

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091949

1. Entity Name

PLAYERS SPORTS MARKETING, INC.

Principal Place of Business

105 TIMBERLAIN CIRCLE
STE 121
LAKE MARY FL 32746

Mailing Address

P O BOX 953187
LAKE MARY FL 32795
US

2. Principal Place of Business

105 Timberlachen Circle

3. Mailing Address

Suite, Apt. #, etc.

Ste 121

City & State

Lake Mary FL

Zip

32746

Country

Zip

Country

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 file 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, 2001 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 FORDE, MICHAEL**
STREET ADDRESS **861 GARDEN GLEN LOOP**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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STREET ADDRESS
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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

4/20/01

Date

407/320-1891

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90378 010 ***150.00



DO NOT WRITE IN THIS SPACE

04/25/01

CR2E034 (10/00)