## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am Secretary of State **DOCUMENT #** P96000005429 1. Entity Name 05-14-2002 90022 024 \*\*\*150 00 SPORTS MANAGEMENT SERVICES INTERNATIONAL, INC. Principal Place of Business Mailing Address 4481 122ND AVENUE P.O. BOX 281 CLEARWATER FL 33762 **CLEARWATER FL 34617** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3366497 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITSCHGI, VALERIE S ESQ. Street Address (P.O. Box Number is Not Acceptable) BARNETT, BOLT, KIRKWOOD & LONG, P.A. 601 BAYSHORE BLVD., SUITE 700 TAMPA FL 33606 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE Addition TRIMBLE, DAVID NAME STREET ADDRESS 4481 122ND AVENUE STREET ADDRESS CLEARWATER FL 33762 CITY-ST-ZIP **DST** ☐ Delete TITLE ☐ Change Addition HUGHES, J. WARREN NAME STREET ADDRESS 4481 122ND AVENUE STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33762** CITY-ST-ZIP TITI F ☐ Delete Change ☐ Addition NAME \_\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

J. WARRING HIGHES

**FILED** 

CITY-ST-ZIP

11.

NAME

CITY-ST-ZIP

NAME

NAME

CITY-ST-ZIP

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.