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**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 03, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90219 049 \*\*\*150.00

**DOCUMENT # P96000034859**

1. Entity Name

**JUMBOSPORTS INC.**

Principal Place of Business

Mailing Address

4701 W. HILLSBOROUGH AVE.  
TAMPA FL 336144701 W. HILLSBOROUGH AVE.  
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Tampa, Florida

Zip

Country

Zip

Country

33622-2408

USA

4. FEI Number

52-1643157

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☒ Delete  
 NAME FASOLA, ALFRED  
 STREET ADDRESS 600 CAROLINA BLVD.  
 CITY-ST-ZIP ISLE OF PALMS SC 29451

TITLE P ☐ Delete  
 NAME WORRALL, MICHAEL J  
 STREET ADDRESS 123 BISCAYNE BLVD.  
 CITY-ST-ZIP TAMPA FL 33606

- Trustee

TITLE TS ☒ Delete  
 NAME KOLLAR, JEROME A  
 STREET ADDRESS 6108 SAVOY CIRCLE  
 CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

M.J. WORRALL.

Date

6/20/2001.

Daytime Phone #

CR2E034 (10/00)