

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0468138 AV

DOCUMENT # P96000034859

1. Entity Name  
JUMBOSPORTS INC.



FILED

03 APR 29 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4701 W. HILLSBOROUGH AVE  
TAMPA FL 33614

Mailing Address  
P.O. BOX 22408  
TAMPA FL 33622-2468

2. Principal Place of Business  
123 BISCAYNE AVE 33606

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMPA FL

City & State

4. FEI Number 52-1643157

Applied For  
Not Applicable

Zip  
33606

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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500018466045  
05/07/03--01096--020 \*\*150.00 ☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)