

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000045311

1. Corporation Name BAR-DOC SPORTS, INC.

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90219 037 \*\*\*150.00



Principal P ace of Business Mailing Address  5308 CENTRAL AVE 5308 CENTRAL AVE ST PETERSBURG FL 33707 ST PETERSBURG FL 337()7											
			7			i	DO NOT WE	RITE IN THIS	S SPACE		
1							•	d			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			A	pplied For	
21		26				<b>59-3</b> 37	'84 <u>64</u>		N	ot Applicable	
Suite, Ant.	ŧ, etc.	Suite, Apt. #, etc.	,			5. Certifcate	e of Status Desired		\$8.75 A iditional Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees					
Zip	Courtry			Country		<del></del>			ntangible		
24	25	29		,		Persor al Property Tax.		,	Yes	I JNo	
	9. Name and Address of Current		[00]	Τ				Registered	Agent		
				81	Name	<del></del>					
BAR1	LETT, BARRY W										
	GULFPORT BLVD. S.			$\Box$	Street Acd	ess (P.O. Box Number is Not Acceptable)					
	PETERSBURG FL 33707			83							
				1 1	•			Fl	<b>-</b>   '   '		
office crrs	o the provisions of Sections 607.0502 ogistered agent, or bo h, in the State of n familiar with, and accept the obligat	of Florida, Such change was .	outhorized	d hv th	named corp ne corporati	ooration submits on's board of cir	ectors, i nereby acc	ept the app.	ointment as n	s registered eg stered	
ļ.	Barn W. Ba	JOIN DOF	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  05/23/1998  4. FEI Nimber  59-33/78464  5. Certificate of Status Desired   \$8.75 A Iditional Fee Required  6. Election Campaign Financing Trust Fund Contribution   Added to Fees								
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	Registered	d Agent s	signature require						
12.	OFFICERS ANI	DIRECTORS	13.			ADDITION	NS/CHANGES TO C	FFICERS A			
TITLE	D	☐ DELETE	1.1 TI	ME					_ Change	☐ Addition	
NAME	BARTLETT, BARRY W		1.2 N	AME						1	
STREET ADDRESS 3713 49TH ST N #232		1.3 S <sup>*</sup>		1.3 STREET ADDRESS							
CITY-ST-ZIP	ST PETERSBURG FL 33710	1.4 C		1.4 CITY-ST-ZIP							
TITLE	D	☐ DELETE	2.1 T	2.1 TITLE					Change	☐ Addition	
NAME	BARTLETT, BARRY W		2.2 N	AME							
STREET ADDRESS	6860 GULFPORT BLVD. S., #23	36	2.3 \$	TREETA	DDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL		2.40	CITY-ST-	ZiP						
TITLE	□ DELETE								☐ Change	Addition	
NAME			3.2 N	IAME							
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CITY-ST-ZIP			640	/HT-51-	Z.11"						

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.