

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90063 047 ***150.00

DOCUMENT # P96000075202

1. Entity Name

CALTA'S RING SPORTS PROMOTIONS, INC.

Principal Place of Business

**4115 W. KENNEDY BLVD.
 TAMPA FL 33609**

Mailing Address

**14968 N FLORIDA AVE
 TAMPA FL 33613-1626
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3403474

Applied For

Not Applicable

Zip

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

**CALTA, TINA
 14968 N. FLORIDA AVENUE
 TAMPA FL 33613**

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.

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CALTA, FRANK		NAME:	
STREET ADDRESS: 14968 N. FLORIDA AVE.		STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL 33613		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CALTA, TREON		NAME:	
STREET ADDRESS: 14968 N. FLORIDA AVE.		STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL 33613		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CALTA, TINA		NAME:	
STREET ADDRESS: 14968 N. FLORIDA AVE.		STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL 33613		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
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.

SIGNATURE:

Tina Calta
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 (813) 968-6088
 Date Daytime Phone #

CR2E034 (9/99)