

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0492991 AV

DOCUMENT # P96000093186

1. Entity Name
PRO SPORT FLOORS, INC.

02-07-2002 90056 023 ***158.75

Principal Place of Business
2751 AVE OF THE AMERICAS
ENGLEWOOD FL 34224

Mailing Address
5280 CONNER TERRACE
PORT CHARLOTTE FL 33981



2. Principal Place of Business
2751 Ave of the Americas

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Englewood, Florida

4. FEI Number
65-0425637

Applied For
 Not Applicable

Zip
34224

Country
Charlotte

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

6. Name and Address of Current Registered Agent

FULLER, NANCY J
2751 AVENUE OF THE AMERICAS
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name
Walter Fuller

Street Address (P.O. Box Number is Not Acceptable)
2751 Avenue of the Americas

City
Englewood

FL Zip Code
34224

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 **Walter Fuller, President**

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

(NOTE: Registered Agent signature required when reinstating)

21 Jan 2002
 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, 2002 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
PVP

NAME
FULLER, WALTER F

STREET ADDRESS
5280 CONNER TERRACE

CITY-ST-ZIP
PORT CHARLOTTE FL 33981

☐ Delete

TITLE
P/D/C/T

NAME
FULLER, WALTER F

STREET ADDRESS
5280 CONNER TERRACE

CITY-ST-ZIP
PORT CHARLOTTE FL 33981

☒ Change ☐ Addition

TITLE
DCT

NAME
FULLER, NANCY J

STREET ADDRESS
5280 CONNER TERRACE

CITY-ST-ZIP
PORT CHARLOTTE FL 33981

☒ Delete

TITLE
V/S

NAME
Fuller, Chester P

STREET ADDRESS
18344 Avon Avenue

CITY-ST-ZIP
Port Charlotte, FL 33948

☐ Change ☒ Addition

TITLE
V

NAME
Fuller, Boyd E

STREET ADDRESS
18358 Kerrville Circle

CITY-ST-ZIP
Port Charlotte, FL 33948

☐ Change ☒ Addition

TITLE
V

NAME
Fuller, Boyd E

STREET ADDRESS
18358 Kerrville Circle

CITY-ST-ZIP
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☐ Change ☐ Addition

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: **Walter Fuller** **WALTER FULLER PRES 21 Jan 2002 941-475-0566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)