

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000093186					
1. Entity Name <b>PRO SPORT FLOORS, INC.</b>					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business <b>2751 Ave. of the Americas</b>			3. Mailing Address <b>Same</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Englewood, Florida</b>			City & State		
Zip <b>34224</b>		Country <b>US</b>		4. FEI Number <b>65-0425637</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent	
				Name <b>Walter Fuller</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>2751 Avenue of the Americas</b>	
				City <b>Englewood</b> <b>FL</b> Zip Code <b>34224</b>	
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 <u>Walter Fuller, President</u> <i>[Signature]</i> <b>02 OCT 03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	P/D/C/T	Fuller, Walter F.	5280 Conner Terrace Port Charlotte, FL 33981		
	V/S	Fuller, Chester P.	18344 Avon Avenue Port Charlotte, FL 33948		
	-V	Fuller, Boyd E.	20340 Gentry Avn. Port Charlotte, FL 33952		
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>400023643764</b> <b>10/08/03--01031--026 **\$50.00</b>					
<b>400023643764</b> <b>12/04/03--01034--029 **\$200.00</b>					
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 on an attachment with an address with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <b>WALTER FULLER</b> <b>02 OCT 03</b> <b>941 475 0566</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

FILED  
03 OCT 20 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**REINSTATEMENT**      *03*

CR2E034B (12/02)