

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90081 004 ***150.00

DOCUMENT # P97000000391

1. Entity Name
THE SPORTS SOURCE INC.



Principal Place of Business
**3680 SW RIVERS END WAY
PALM CITY FL 34990**

Mailing Address
**3680 SW RIVERS END WAY
PALM CITY FL 34990**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0729564**

Applied For

Not Applicable

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

**CLOSKEY, SAMUEL J
9630 PAYTON COURT
BOYNTON BEACH FL 33437**

Name **CLOSKEY, SAMUEL J.**

Street Address (or Box Number is Not Acceptable)
**3680 S.W. RIVERS END
WAY**

City **PALM CITY** **FL** Zip Code **34990**

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

SAMUEL J. CLOSKEY **1/17/03**

Signature, type or printed name of registered agent and date 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 **T** ☐ Delete
NAME **JORDAN, HARRIET M**
STREET ADDRESS **410 NEWLAKE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **JORDAN, HARRIET M.** ☒ Change ☐ Addition
NAME **JORDAN, HARRIET M.**
STREET ADDRESS **3680 S.W. RIVERS END WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **P** ☐ Delete
NAME **CLOSKEY, SAMUEL J**
STREET ADDRESS **410 NEWLAKE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **CLOSKEY, SAMUEL J.** ☒ Change ☐ Addition
NAME **CLOSKEY, SAMUEL J.**
STREET ADDRESS **3680 S.W. RIVERS END WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SAMUEL J. CLOSKEY **1/17/03** **772-463-8424**

CR2E034 (10/02)