

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90431 010 ***150.00

DOCUMENT # P97000011842

1. Entity Name **SOMMER SPORTS, INC**

DO NOT WRITE IN THIS SPACE

670841

2. Principal Place of Business

PO Box 121236

3. Mailing Address

PO Box 121236

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLERMONT, FL

City & State

CLERMONT, FL

4. FEI Number

59-3454017

Applied For

Not Applicable

Zip

Country

34712

Zip

34712

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Fred Sommer

Street Address (P.O. Box Number is Not Acceptable)

838 DeSoto St

City

CLERMONT

FL

Zip Code

34711

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. (See criteria on back) ☐

January 1 - May 1: Fees \$150.00
After May 1: Fees \$350.00
Amended UBRs: \$61.25
Mail check payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME **D Fred Sommer**
STREET ADDRESS **838 DeSoto St**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE
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CITY-ST-ZIP

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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 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 #

4/30/02 352 394-1320

CR2E034B (12/01)