

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90150 029 ***150.00

DOCUMENT # P97000016397

1. Entity Name
STAND-BY GOLF, INC.



Principal Place of Business
4815 E BUSCH BLVD
STE - 103
TAMPA FL 33617
US

Mailing Address
4815 E BUSCH BLVD
STE - 103
TAMPA FL 33617
US

2. Principal Place of Business
6003 PRATT ST

3. Mailing Address
6003 PRATT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA, FL

4. FEI Number **59-3428762**

Applied For
Not Applicable

Zip
33647

Country
HILLSBOROUGH

Zip
33647

Country
HILLSBOROUGH

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

6. Name and Address of Current Registered Agent

RADOM, MARK
4815 E. BUSCH BLVD
STE. #103
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name **MARK RADOM**
Street Address (P.O. Box Number is Not Acceptable)
6003 PRATT ST
City **TAMPA** **FL** Zip Code **33647**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-03

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

TITLE **P** ☐ Delete
NAME **RADOM, MARK**
STREET ADDRESS **10321 GOLDENBROOK WAY**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **RADOM, MARK**
STREET ADDRESS **6003 PRATT ST.**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 REQUIRED

4-8-03

813 899 2665

CR2E034 (10/02)