

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90051 016 \*\*\*150.00

**DOCUMENT #** P97000040067  
**Entity Name** ALL SPORTS & INVESTMENTS INC

**Principal Place of Business** 91645 Overseas Hwy  
 Tavernier FL 33070

**Mailing Address** 91645 Overseas Hwy  
 Tavernier FL 33070

**Principal Place of Business** 1310 North 18th Street  
 Suite, Apt. #, etc.

**3. Mailing Address** 1310 North 18th Street  
 Suite, Apt. #, etc.

**City & State** Monroe LA

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**Zip** 71201 **Country** USA

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**4. FEI Number** 65-0763984

**Applied For** ☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

Alfred Gustinger Jr  
 7345 SW 131 street  
 Miami, FL 33156

**7. Name and Address of New Registered Agent**

**Name** Alfred Gustinger, Jr.  
**Street Address (P.O. Box Number is Not Acceptable)**  
 7345 SW 131 st  
**City** Miami **FL** **Zip Code** 33156

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]* **5/10/00**  
 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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000, Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> President <input type="checkbox"/> Delete	<b>NAME</b> Karl Gustinger
<b>STREET ADDRESS</b> 1310 North 18th Street	
<b>CITY-ST-ZIP</b> Monroe LA 71201	
<b>TITLE</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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 or without other like empowered.

**SIGNATURE:** *[Signature]* **4/6/00** **(318) 325-6325**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)