

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90929 036 ***150.00

DOCUMENT # P97000061419

1. Entity Name

STADIUM SPORTS PLUS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Gutta, Koutoulas & Relis, LLC

3. Mailing Address
9 Sheasby Road

Suite, Apt. #, etc.
8211 West Broward Blvd. Suite 350

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL

City & State
Ansonia, CT

4. FEI Number
65-0769724

Applied For
☐ Not Applicable

Zip
33324

Country
USA

Zip
06401

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Frank Gutta

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

8211 West Broward Boulevard Suite 350

City Plantation **FL** **Zip Code** 33324

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

(NOTE: Registered Agent signature required when reinstating)

4/7/03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
Geanisis, Gregory
9 Sheasby Road Ansonia, CT 06401

TITLE
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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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/03

CR2E034B (12/02)