

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90155 038 ***150.00

UNIFORM
AV

DOCUMENT # P98000027447

1. Entity Name
SPORTSUSA GROUP, INC.



Principal Place of Business
**8050 SEMINOLE MALL
STE. 330
SEMINOLE FL 33772**

Mailing Address
**8050 SEMINOLE MALL
STE. 330
SEMINOLE FL 33772**

2. Principal Place of Business

**7985 113rd ST. N
Suite, Apt. #, etc.
330**

3. Mailing Address

**7985 113rd ST. N.
Suite, Apt. #, etc.
330**

City & State
SEMINOLE, FL

City & State
SEMINOLE, FL

Zip **33772** Country **USA**

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4. FEI Number **59-3500652**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SIMONS, JAMES R
12104 97TH AVE. NORTH
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **SIMONS, JAMES R**
STREET ADDRESS **12104 97TH AVE. N**
CITY-ST-ZIP **SEMINOLE FL 33772**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7985 113rd ST. N SUITE 330**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 #

CR2E034 (4/03)

Attachment

80135613

PG8000027447

Due to some unknown reason our corporation did not receive the first notice. We have enclosed the \$150.00 filing. Thank you for your understanding.



James R. Simons
President & CEO