FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90944 030 ***150.00

DOCUMENT # P98000038568

1. Entity Name
Florida Soccer Enterprises, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7200 Ridge Road	7200 Ridge Road
Suite, Apt. #, etc. Suite 5	Suite, Apt. #, etc. Suite 5
City & State Port Richey	City & State Port Richey
Zip 34668 Country Pasco	Zip 34668 Country Pasco

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3508979 ☐ Applied For ☐ Not Applicable

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: Kostas Hatzikoutelis

Street Address (P.O. Box Number is Not Acceptable): 7200 Ridge Road Suite 5

City: Port Richey FL Zip Code: 34668

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: X _____ Kostas Hatzikoutelis, Pres. DATE: 4/9/03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstated.)

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	PD Kostas Hatzikoutelis 2170 Brandon Trail Alpharetta, GA 30004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS David H. Davis 9445 Calle Alta New Port Richey, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E024B (12/02)

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: X _____ Kostas Hatzikoutelis, Pres. 4/9/03 813-833-2000
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #