

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90237 017 ***158.75

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1. Entity Name
SPORTS PRIDE, INC.



Principal Place of Business
**1232 ROCK SPRINGS RD
#101
APOPKA FL 32712**

Mailing Address
**1232 ROCK SPRINGS RD
#101
APOPKA FL 32712**

2. Principal Place of Business

2054 Torrey Rd.

3. Mailing Address

380 S. SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Altamonte Springs, FL

Zip

32818

Country

USA

Zip

32714

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3528565

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUCAS, CLAUDIA
1232 ROCK SPRINGS RD
STE 101
APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name **Lucas, Claudia**
Street Address (P.O. Box Number is Not Acceptable)
2054 Torrey Rd.
City **Orlando** **FL** Zip Code **32818**

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

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

Claudia Lucas, President

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

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 **D** ☐ Delete
NAME **LUCAS, CLAUDIA**
STREET ADDRESS **1232 ROCK SPRINGS RD STE 101**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
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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 **D** ☒ Change ☐ Addition
NAME **Lucas, Claudia**
STREET ADDRESS **2054 Torrey Rd.**
CITY-ST-ZIP **Orlando, FL 32818**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Claudia Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

CR2E034 (10/02)