

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077639

1. Entity Name

CLUB AIR SPORTSWEAR, INC.

Principal Place of Business

4334 LAND O'LAKES BLVD
LAND O LAKES FL 34639
US

Mailing Address

4334 LAND O'LAKES BLVD
LAND O LAKES FL 34639
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2924800

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLYNT, JULIE

3306 CLOVER LEAF LN

LAND O LAKES FL 34639

Name

Craig Munz

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

4334 Land o Lakes Blvd

City Land o Lakes

FL

Zip Code

34639

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

Julie Flynt

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

(NOTE: Registered Agent signature required when reinstating)

5-15-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME FLYNT, JULIE
STREET ADDRESS 1707 DALE MABRY BLVD
CITY-ST-ZIP LUTZ FL 33549-3014 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME Julie Flynt
STREET ADDRESS 4334 Land o Lakes Blvd
CITY-ST-ZIP Land o Lakes, FL 34639

TITLE D
NAME MUNZ, CRAIG
STREET ADDRESS 1707 DALE MABRY BLVD
CITY-ST-ZIP LUTZ FL 33549-3014 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME Munz Craig
STREET ADDRESS 4334 Land o Lakes Blvd
CITY-ST-ZIP Land o Lakes, FL 34639

TITLE D
NAME MUNZ, PATRICIA
STREET ADDRESS 1707 DALE MABRY BLVD
CITY-ST-ZIP LUTZ FL 33549-3014 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

Craig Munz REQUIRED MUNZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 (813) 996-0886

Date

Daytime Phone

CR2E034 (9/01)