## FILED Apr 23, 2002 8:00 am Secretary of State

04-23-2002 90389 013 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P99000005905

DOCUMENT # 1. Entity Name

SPORTS PROS. INC.

Principal Place of Business

Mailing Address

2911 164TH AVE. NORTH **CLEARWATER FL 33760** 

2911 164TH AVE. NORTH **CLEARWATER FL 33760** 

2. Principal Place of Business	3. Mailing Address	
Suite, A\$t. #, etc.	Suite, Apt. #, etc.	····
City 8 State	City & Chata	



Suite, A\$t. #, etc.  City & State		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
		City & State	City & State		4. FEI Number 59-355		plied For		
7:-	T 6	<del></del>	<del>-                                    </del>				No	t Applicable	
Zip	Country	Zip	Cou	ntry	5. Certificate of Status De	sired	\$8.75 Add Fee Require		
	6. Name and Address of Cur	rent Registered Agent			7. Name and Address of	New Registered	f Agent	-	
				Name					
BUNKER, ANDREA B 2911 164TH AVE. NORTH			Street Address (P.O. Box Number is Not Acceptable)						
CLEARWA	TER FL 33760	w.E.							
	•	,		City		Fl	Zip Cod	9	
SIGNATURE _	named entity submits this stateme				egistered agent, or both, in the Stat	e of Florida.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to Do		will be \$550	10. Election Campa			<b>0</b> May Be to Fees			
11.		AND DIRECTORS	12.		ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE	PD	☐ Delete	TITL	E			☐ Change	Addition	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete BUNKER, ANDREA B 2911 164TH AVE. NORTH CLEARWATER FL 33760	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Change A  NAME  STREET ADDRESS  CITY-ST-ZIP	ddition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Change AC  NAME  STREET ADDRESS  CITY-ST-ZIP	ddition

13. I hereby certify that the information supplied with this filling 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, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition