

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
 02-16-2000 90010 040 ***150.00

DOCUMENT # P99000014322

1. Entity Name
SPORTS LOCKER OF NORTHWEST FLORIDA, INC.

Principal Place of Business **Mailing Address**
 1308 N. FERDON BLVD. 1308 N. FERDON BLVD.
 CRESTVIEW FL 32536 CRESTVIEW FL 32536-1714

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. 59-3557755 **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**
 MELTON, HARRY M Name
 1308 N. FERDON BLVD. Street Address (P.O. Box Number is Not Acceptable)
 CRESTVIEW FL 32536 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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELTON, HARRY M		NAME	Barbara S. Melton	
STREET ADDRESS	1308 N. FERDON BLVD.		STREET ADDRESS	5976 W. Dogwood Dr.	
CITY-ST-ZIP	CRESTVIEW FL 32536		CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barb		NAME	Harold M. Melton	
STREET ADDRESS			STREET ADDRESS	5976 W. Dogwood Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara S. Melton **1-31-2000** **810-682-4002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)