

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025144

1. Entity Name

SATELLITE SPORTS MARKETING, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90040 049 ***150.00

Principal Place of Business

230 QUEENS COURT
SATELLITE BEACH FL 32937

Mailing Address

230 QUEENS COURT
SATELLITE BEACH FL 32937

2. Principal Place of Business

620 Florence Ct
Suite, Apt. #, etc.
Satellite Beach, FL
City & State

3. Mailing Address

620 Florence Ct
Suite, Apt. #, etc.
Satellite Beach, FL
City & State

605824



DO NOT WRITE IN THIS SPACE

Zip

32937

Country

U.S.

Zip

32937

Country

U.S.

4. FEI Number

59-3564619

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYER, DAVID W P.A.
325 FIFTH AVENUE
SUITE 205
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

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

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

TITLE PVST
NAME COTTERMAN, BRUCE
STREET ADDRESS 230 QUEENS COURT 620 Florence Ct.
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

TITLE D
NAME COTTERMAN, BRUCE
STREET ADDRESS 230 QUEENS COURT 620 Florence Ct.
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 my address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
Date

321-777-4657
Daytime Phone #

0081962

CR2E034 (10/00)