

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

APPROVED
AND
FILED

01 OCT -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P.99000049340

1. Entity Name
SPORTS Zone Inc

Principal Place of Business Mailing Address
3988 Highway 90 West
MARIANNA FL 32446

2. Principal Place of Business 3. Mailing Address
MARIANNA FL 3988 Highway 90 West
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
MARIANNA FL FL 59-3580614 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
32446 U.S.A 32446 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Bobby R Hamilton Name
4003 W Lafayette St Elouise A. Hamilton
MARIANNA, FL 32446 Street Address (P.O. Box Number is Not Acceptable)
4003 W. Lafayette St
City MARIANNA FL Zip Code 32446

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 Elouise A. Hamilton 10.01.01
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
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4003 W Lafayette St		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL- 32446		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BRANDON Hatcher		STREET ADDRESS		
CITY-ST-ZIP	1011 Highway 69 GRAD Ridge FL 32442		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FRANK STOKOWICZ		STREET ADDRESS		
CITY-ST-ZIP	5726 TROPICAL LANE		CITY-ST-ZIP		
	GREENWOOD FL 32443				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Elouise A. Hamilton 10-01-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)