

2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # **P99000049469**

1. Entity Name

TEAMSPORT ATHLETIC, INC.

Principal Place of Business

Mailing Address

6340 BEACH BLVD.

JACKSONVILLE FL 32216

Same

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3583443

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Tom Forbess

6340 BEACH BLVD.

JACKSONVILLE, FLORIDA

32216

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, 2000 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 ☐ Delete
NAME **President**
STREET ADDRESS **Tom Forbess**
CITY-ST-ZIP **6340 BEACH BLVD.**
JACKSONVILLE FL 32216

TITLE ☐ Change ☐ Addition
NAME **900003465039--1**
STREET ADDRESS **-11/15/00--01108--012**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME **VICE PRESIDENT**
STREET ADDRESS **REGLIE SOEHLIG**
CITY-ST-ZIP **8847 HARDELS GLEN CT.**
JACKSONVILLE, FL 32256

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas J. Forbess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/15/00

904-724-7616

CR2E034 (9/99)

9/15/00

(2)

Dear Sirs:

Thank-you for sending a copy of This uniform business report. I waited for a renewal as usual. I live in a very rural area and my rural route changed from the address you have to another one, which the post office in our town never forwarded along with many other pieces of mail. Plus, due to illness I relied on my bookkeeper to call and get a copy and come to find out, never did. We had another small corp. for many years and never were late with This report. I was very surprised to find out This had never come in the mail.

I called to find out about getting a copy to fill out and you sent me one in the mail. Thank-you for your consideration in advance regarding the delay in my report, as I have never been late before in filling one of these out. Now we have a different location.

Don Forben
Transport Athletic, Inc.