

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-15-2000 90210 036 ***150.00

DOCUMENT # P99000054007

1. Entity Name

ODDSBEATER SPORTS CONSULTANTS GROUP, INC. *R*

Principal Place of Business

7154 N UNIVERSITY DR. PMB 150
TAMARAC FL 33321

Mailing Address

7154 N UNIVERSITY DR. PMB 150
TAMARAC FL 33321-2916

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0927266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name *Jeff Massie*

Street Address (P.O. Box Number is Not Acceptable)
5790 Woodland Pt. Dr

City *Fort Lauderdale*

FL

Zip Code *33319*

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

Jeff Massie

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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

TITLE *D* ☐ Delete
NAME *MASSIE, JEFF*
STREET ADDRESS *7154 N. UNIVERSITY DR. PMB 150*
CITY-ST-ZIP *TAMARAC FL 33321*

TITLE *D* ☐ Delete
NAME *PRIONAS, TOM*
STREET ADDRESS *7154 N. UNIVERSITY DR. PMB 150*
CITY-ST-ZIP *TAMARAC FL 33321*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

J. Massie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/00

Date

9547243434

Daytime Phone #

CR12014 (9/98)