

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060504

1. Entity Name

MALLARD CREEK SPORTS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90104 015 ***158.75

Principal Place of Business

4287 TREMBLAY WAY
PALM HARBOR FL 34685

Mailing Address

4287 TREMBLAY WAY
PALM HARBOR FL 34685-2645

2. Principal Place of Business

Beef O'Brady's
Suite, Apt. #, etc.
1500 Mc Mullen Booth Rd.
13A

3. Mailing Address

1500 Mc Mullen Booth Rd.
Suite, Apt. #, etc.
13A

City & State

Clearwater FL

City & State

Clearwater FL

Zip

34619

Country

USA

Zip

34619

Country

USA

4. FEI Number

59-3589706

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATTS, DANIEL RAYMOND
4287 TREMBLAY WAY
PALM HARBOR FL 34685

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, 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: President
NAME: Dan WATTS
STREET ADDRESS: 4287 Tremblay Way
CITY-ST-ZIP: Palm Harbor FL 34685

☐ Delete

TITLE: C.F.O.
NAME: Dell WATTS
STREET ADDRESS: 1253 Henke
CITY-ST-ZIP: Lake St Louis, MO 63367

☐ Delete

TITLE: Secretary
NAME: Brenda Watts
STREET ADDRESS: 4287 Tremblay Way
CITY-ST-ZIP: Palm Harbor FL 34685

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
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:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
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 an address, with all other like empowered.

SIGNATURE: Brenda Watts BRENDA WATTS 3/31/00 727-725-0935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #