

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90011 046 ***550.00

DOCUMENT # P99000066048

1. Entity Name

FRANK LOSOVER SPORTS, INC.



DO NOT WRITE IN THIS SPACE

24082305

2. Principal Place of Business
16761 131ST WAY N

Suite, Apt. #, etc.

3. Mailing Address
16761 131ST WAY N

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JUPITER, FL

City & State
JUPITER, FL

4. FEI Number
65-0940102

Applied For
Not Applicable

Zip
33478

Country
PALM BEACH

Zip
33478

Country
PALM BEACH

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FRANK E LOSOVER

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

16761 131ST WAY N

City
JUPITER

FL

Zip Code
33478

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
|--|--|
| PRESIDENT FRANK E LOSOVER 16671 131ST WAY N JUPITER, FL 33478 | |
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8.27.2004

CR2E034B (12/02)