

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90292 005 \*\*\*150.00

**DOCUMENT # P99000066956**

1. Entity Name  
**E.T.'S WORLD TENNIS, INC.**

Principal Place of Business Mailing Address  
**1730 S. FEDERAL HIGHWAY PMB 341 1730 S. FEDERAL HIGHWAY PMB 341**  
**DELRAY BEACH FL 33483 DELRAY BEACH FL 33483**

2. Principal Place of Business 3. Mailing Address  
**PMB 383 PMB 383**  
**Suite, Apt. #, etc. Suite, Apt. #, etc.**  
**11231 N US Hwy 1 11231 N US Hwy 1**  
**N Palm Beach, FL N Palm Beach, FL**  
**33408 33408**  
**Palm Beach Palm Beach**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0944497** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DUMAS, PIERRE-HENRI E**  
**1730 S. FEDERAL HIGHWAY PMB 341**  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**PMB 383**  
**11231 N US Hwy 1**  
**N Palm Beach FL 33408**

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 *Pierre-Henri E. Dumas*  
 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, 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

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>DUMAS, PIERRE-HENRI</b>             |                                 |
| STREET ADDRESS | <b>1730 S. FEDERAL HIGHWAY PMB 341</b> |                                 |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL 33483</b>           |                                 |
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>JOLTZEN, TOBI</b>                   |                                 |
| STREET ADDRESS | <b>1730 S FEDERAL HWY # 341</b>        |                                 |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL 33483-3309</b>      |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | <b>DIRECTOR</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>PIERRE-HENRI DUMAS</b>        |  |
| STREET ADDRESS | <b>PMB 383 11231 N US Hwy 1</b>  |  |
| CITY-ST-ZIP    | <b>N Palm Beach, FL 33408</b>    |  |
| TITLE          | <b>DIRECTOR</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>TOBI DUMAS</b>                |  |
| STREET ADDRESS | <b>788 SANCTUARY COURT DRIVE</b> |  |
| CITY-ST-ZIP    | <b>N PALM BEACH, FL 33410</b>    |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Pierre-Henri E. Dumas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)