FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90353 041 ***150.00

DOCUMENT # P99000069954

1. Entity Name
CA GYMNASTICS GRIPS INC.

DO NOT WRITE IN THIS SPACE

B0053910

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2. Principal Place of Business	3. Mailing Address
406 Rusk Circle	406 Rusk Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill FL	City & State: Spring Hill FL
Zip: 34606 Country: USA	Zip: 34606 Country: USA

4. FEI Number: 59-3594871 ☐ Applied For ☐ Not Applicable.

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

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7. Name and Address of Current Registered Agent

Name: DAVID Buck
Street Address (P.O. Box Number is Not Acceptable): 13127 Spring Hill Drive
City: Spring Hill FL Zip Code: 34609

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Christian Aguelo
STREET ADDRESS	1445 Hathaway
CITY-ST-ZIP	Spring Hill FL 34608
TITLE	V President
NAME	DEANNA SIEVERS
STREET ADDRESS	406 RUSK Circle
CITY-ST-ZIP	Spring Hill, FL 34606

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

SIGNATURE: Deanna Sievers 3/18/02 (352)683-9405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)