2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000070084 May 05, 2000 8:00 am **Secretary of State** SPORTS ROCK INC. 05-05-2000 90055 007 ***150.00 Mailing Address Principal Place of Business 3201 US HWY. 98 S. 3201 US HWY, 98 S. LAKELAND FL 33803-8359 LAKELAND FL 33803 3. Mailing Address 2. Principal Place of Business 3201 US <u> Leorock</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 01 US 985 City & State 4. FEI Number Applied For Alle Not-Applicable \$8.75 Additional Zip 5. Certificate of Status Desired 3*3803* Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISHER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 3201 US HWY, 98 S. LAKELAND FL 33803 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00_May.Be 10 Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITI F TITLE FISHER, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 3201 US HWY, 98 S. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ----TITLE - Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

941-665-3372

Daytime Phone #