2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 16, 2001 8:00 am DOCUMENT # **P99000079877** 1. Entity Name **Secretary of State** THE DUGOUT BASEBALL INSTRUCTION, INC. 02-16-2001 90017 010 ***150.00 Principal Place of Business Mailing Address 1735 GEORGE JENKINS BOULEVARD 1735 GEORGE JENKINS BOULEVARD LAKELAND FL 33815 LAKELAND FL 33815 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - City & State City & State 4. FEI Number Applied For -59-3580936 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUSKAR, KEVIN Street Address (P.O. Box Number is Not Acceptable) 1735 GEORGE JENKINS BOULEVARD LAKELAND FL 33815 City 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) ture, 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete CR2E034 (10/00) TITLE ☐ Change ☐ Addition NAME NAME CARPENTER, JERRY STREET ADDRESS STREET ADDRESS 1325 FOREST PARK STREET-CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 TITLE Delete - ~ TITLE ☐ Change ☐ Addition NAME CARPENTER, JORGE ANN STREET ADDRESS STREET ADDRESS 1325 FOREST PARK STREET CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33803 TITLE Delete TITLE Change ☐ Addition NAME ÑAME KIMSEY, KEITH STREET ADDRESS STREET ADDRESS 6212 VINTNER LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME KIMSEY, GRETCHEN STREET ADDRESS STREET ADDRESS 6212 VINTNER LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME PUSKAR, KEVIN STREET ADDRESS STREET ADDRESS 1102 TRIMBLE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 TITLE ☐ Delete TITLE ☐ Change Addition NAME PUSKAR, JODY NAME STREET ADDRESS STREET ADDRESS 1102 TRIMBLE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 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. all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR