

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99900008955**

1. Entity Name

**SPORTS SPORTS. COM, Inc**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**  
 05-30-2000 90101 002 \*\*\*150.00

Principal Place of Business

Mailing Address **SAME**

**2963 GULF-TO-BAY BWD STE 250**  
**CLEARWATER, FL 33759**

**00057980**

2. Principal Place of Business

**4790 140th Ave N**

3. Mailing Address

**4790 140th Ave N**

Suite, Apt. #, etc.

**Suite 508**

Suite, Apt. #, etc.

**Suite 508**

City & State

**Clearwater, FL**

City & State

**Clearwater, FL**

Zip

**33762**

Country

**USA**

Zip

**33762**

Country

**USA**

4. FEI Number

**59-3600023**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Dwayne Martins**  
**2963 GULF-TO-BAY Blvd #250**  
**Clearwater, FL 33759**

7. Name and Address of New Registered Agent

Name **Phillip Wasserman**  
 Street Address (P.O. Box Number is Not Acceptable) **4790 140th Ave N #508**  
 City **Clearwater** State **FL** Zip Code **33762**

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

*Phillip Wasserman*

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

(NOTE: Registered Agent signature required when reinstating)

**4/11/00**

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, 2000 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>Phillip Wasserman</b> <input type="checkbox"/> Delete (P)
NAME	<b>4790 140th Ave N #508</b>
STREET ADDRESS	<b>Clearwater, FL 33762</b>
CITY-ST-ZIP	
TITLE	<b>Diane Wasserman</b> <input type="checkbox"/> Delete (S)
NAME	<b>4790 140th Ave N #508</b>
STREET ADDRESS	<b>Clearwater, FL 33762</b>
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	
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	<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	
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)(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:

*Phillip Wasserman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/00**

Date

Daytime Phone #

CR2E034 (9/99)