

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086262

1. Entity Name

PRO SPORTS GRADING, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90201 030 \*\*\*150.00

Principal Place of Business

4012 W. CARMEN ST.  
TAMPA FL 33609

Mailing Address

~~4012 W. KENNEDY BLVD~~  
~~PMB #804~~  
~~TAMPA FL 33609~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 260502

TAMPA, FL

33685

HILLSBORO, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3601423

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORTORELLO, JOHN V  
4822 BONITA VISTA DR  
TAMPA FL 33634

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HOFFMAN, JOHN W  
CITY-ST-ZIP 4012 W. CARMEN ST.  
TAMPA FL 33609

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V  
STREET ADDRESS WILLIAM R. HOFFMAN  
CITY-ST-ZIP 4012 W. CARMEN ST.  
TAMPA, FL 33609

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S/T  
STREET ADDRESS LINDA HOFFMAN  
CITY-ST-ZIP 4012 W. CARMEN ST.  
TAMPA, FL 33609

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V  
STREET ADDRESS JOHN TORTORELLO  
CITY-ST-ZIP 4822 BONITA VISTA DR.  
TAMPA, FL 33634

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2001

(813) 289-6276

CR2E034 (10/00)