

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90133 045 \*\*\*150.00

**DOCUMENT # P99000097129**

1. Entity Name  
**ALL SPORTS & DESIGNS, INC.**

Principal Place of Business  
**3191 W. NINE MILE RD.**  
**14425 INNERARITY POINT ROAD**  
**PENSACOLA FL 32507**

Mailing Address  
**3191 W. NINE MILE RD.**  
**14425 INNERARITY POINT ROAD**  
**PENSACOLA FL 32507**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3191 W. NINE MILE RD**

3. Mailing Address  
**3191 W. NINE MILE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PENSACOLA FLA**

City & State  
**PENSACOLA, FL**

4. FEI Number **59-3619012**

Applied For  
 Not Applicable

Zip  
**32584**

Country

Zip  
**32584**

Country

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

**HEDGES, TRACIE R**  
**14425 INNERARITY POINT ROAD**  
**PENSACOLA FL 32507**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P HEDGES, TRACIE R</b>	<b>144125 INVERARITY POINT RD</b>	<b>PENSACOLA FL 32507</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>SAME</b>	<b>3191 W. NINE MILE RD.</b>	<b>PENSACOLA, FL 32534</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Tracie R Hedges  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-01 850-492-6074  
 Date Daytime Phone #

CR2E034 (10/00)