

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000105662**

1. Entity Name

ALL SPORTS PLUS, INC.**FILED****May 01, 2001 8:00 am**
Secretary of State

05-01-2001 90018 012 ***150.00

Principal Place of Business

**1116 NORTHUMBERLAND COURT
WELLINGTON FL 33414**

Mailing Address

**POST OFFICE BOX 211236
ROYAL PALM BEACH FL 33421-1236**

2. Principal Place of Business

3. Mailing Address

1116 Northumberland CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WELLINGTON, FL 33414-8927

4. FEI Number

65-0970217

Applied For

Not Applicable

Zip

Country

Zip

Country

33414-8927**PALM BEACH**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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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
PSD	KENNY, CHRISTOPHER M	1116 NORTHUMBERLAND COURT	WELLINGTON FL 33414	<input type="checkbox"/>
VTD	KENNY, JUDITH F	1116 NORTHUMBERLAND COURT	WELLINGTON FL 33414	<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
				<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:

CHRISTOPHER M. KENNY, PRES

Date

Daytime Phone #

CR2E034 (10/00)