

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V05047

1. Entity Name

SUPERSPORTS ENT., INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90065 033 ***150.00

Principal Place of Business

Mailing Address

766 PLACIDO WAY NE
ST PETERSBURG FL 33704
US

766 PLACIDO WAY NE
ST. PETERSBURG FL 33713-3902
US

2. Principal Place of Business

2715 26th St. N.

Suite, Apt. #, etc.

3. Mailing Address

2715 26th St. N

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number 59-3103634

Applied For

Not Applicable

Zip
33713

Country
USA

Zip
33713

Country
USA

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

WEST, WILLIAM C
766 PLACIDO WAY NE
ST. PETERSBURG FL 33704

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WEST, WILLIAM C
STREET ADDRESS 766 PLACIDO WAYNE
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS West, William C.
CITY-ST-ZIP 2715 26th St. N
Address St. Petersburg, FL 33713

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
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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 of William C. West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William C. West 4-13-00 727 577-2296
Date Daytime Phone #

CR2E034 (9/99)