

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90300 044 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # K77042
 1. Entity Name
SKILLMATES, INC.

Principal Place of Business 1100 FLORIDA AVE TAMPA FL 33602 US	Mailing Address P.O. BOX 172175 TAMPA FL 33672-0175 US
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2. Principal Place of Business 1102 N. FLORIDA AVE Suite, Apt. #, etc.	3. Mailing Address 1102 N. FLORIDA AVE Suite, Apt. #, etc.
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City & State TAMPA, FL	City & State TAMPA, FL	4. FEI Number 59-3160395	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip 33602	Country	Zip 33602	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PORTER, WILLIAM
 1100 FLORIDA AVE
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete PORTER, WILLIAM K 1100 FLORIDA AVE TAMPA FL 33602	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1102 N. FLORIDA AVE.
TITLE S	<input type="checkbox"/> Delete MICHIE, KRISTOPHER 1100 FLORIDA AVE TAMPA FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1102 N. FLORIDA AVE.
TITLE VP	<input type="checkbox"/> Delete PORTER, R GALE 1100 N FLORIDA AVE TAMPA FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1102 N. FLORIDA AVE.
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **R. Gale Porter** **R. Gale Porter** 1-11-00 813-225-1200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)