

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90109 005 ****50.00

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DOCUMENT # **L02000001692**

1. Entity Name
ISLAND SURF AND SKATE, LLC



Principal Place of Business

**102 RIVERSIDE DRIVE
#8805
COCOA FL 32922
US**

Mailing Address

**102 RIVERSIDE DRIVE
#8805
COCOA FL 32922
US**



2. Principal Place of Business

777 E. MERRITT ISLAND CSWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 126

City & State

City & State

MERRITT ISLAND, FL.

Zip

Country

Zip

Country

32952

USA

4. FEI Number

04-3591129

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THOMAS P. FLAVIN & ASSOCIATES, P.A.
330 FIFTH AVE
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name **RANDY STRISKO**
Street Address (P.O. Box Number is Not Adceptable) **102 RIVERSIDE DRIVE 8805**
City **COCOA** FL Zip Code **32922**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Randy Strisko *RANDY STRISKO* **7-7-03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RANDY STRISKO		NAME	
STREET ADDRESS 102 RIVERSIDE DR. 8805		STREET ADDRESS	
CITY-ST-ZIP COCOA, FL. 32922		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEBBIE STRISKO		NAME	
STREET ADDRESS 1-DRS. 1 TRAS.		STREET ADDRESS	
CITY-ST-ZIP COCOA, FL. 32922		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Randy Strisko **REQUIRED RANDY STRISKO**

Date

7-7-03

Daytime Phone #

321-455-1522

CR2E083 (4/03)